

# the **dental** surgeon

NOV 2014

SG50 AND PG REBATES FOR IDEM 2016

FDI NEW DELHI REPORT BY OUR SDA PRESIDENT

PDPA Q&A

FOD 85<sup>TH</sup> ANNIVERSARY



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1. Pan PC, et al. 2010 J Dent;38,51(2010):S16-20. (Compared with selected daily-use mouthrinses in a single 30-second treatment.) 2. Fine DH, et al. 2007 J Periodontol;78(10):1935-1942. 3. Pianotti R, Pitts G, 1978 J Dent Res;57(2):175-179. 4. Charles CH, et al. 2000 J Clin Dent;11(4):94-97. 5. Charles CH, et al. 2001 J Am Dent Assoc;132(5):670-675. 6. Charles CH, et al. 2004 J Clin Periodontol;31(10):878-884. 7. DePaola LG, et al. 1989 J Clin Periodontol;16(5):311-315. 8. Overholser CD, et al. 1990 J Clin Periodontol;17(8):575-579. 9. Lamster IB, et al. 1983 Clin Prev Dent;5(6):12-16. 10. Gordon JM, et al. 1985 J Clin Periodontol;12(8):697-704. 11. Sharma NC, et al. 2002 Am J Dent;15(6):351-355. 12. Sharma N, et al. 2004 J Am Dent Assoc;135(4):496-504. 13. Baurath K, et al. 2003 J Am Dent Assoc;134(3):359-365. 14. Grossman E, et al. 1989 J Periodontol;60(8):435-440.

**LISTERINE**

## Editor's note

It has been a wonderful ride for me these past four years being part of the editorial team at *The DentalSurgeon*. I never fail to get a great sense of satisfaction when I see patients browsing through issues of *The DentalSurgeon* in dental clinics and when I receive positive feedback about our editorial work from our colleagues.

I first joined the team in 2010 as Co-editor. At that time, I was juggling between my commitment at *The DentalSurgeon* and my postgraduate orthodontic course. I had immense pleasure working with the previous editorial team which included Dr Ivan Koh, Dr Charlene Goh and my Co-editor, Dr Kelvin Chye, who was always there to lend me a hand when I was swamped with deadlines.

I am delighted to hand over the reins to Dr Terry Teo, who is taking over as Editor-in-Chief. I have no doubt the publication continue to gain success in Dr Teo's great hands. I wish the team the very best in the coming years.

I would also like to end this note with my sincerest thanks to the writers and friends who have been there for me. Your presence and effort made this journey unforgettable!

Hope you will enjoy this issue of *The DentalSurgeon*, and don't forget to sign up for APDC 2015 and IDEM 2016!

Wishing everyone Happy Holidays and have an incredible 2015!!!

**Dr Seow Yian San**  
 Editor-in-Chief  
 Assistant Honorary Secretary  
 SDA Council 2012-2014



# President's message

The recent dialogue session with the Personal Data Protection Commission was very well attended. I am heartened by our members' response and grateful for the support. Your support is crucial as it validates the Council's actions. The Council's main objective is to bring benefits to all members. This reciprocity of support and welfare keeps our Association going strong and relevant.

We have been chosen to host the upcoming 37th Asia Pacific Dental Congress. A detailed announcement is printed in this edition of *The DentalSurgeon*. Do visit our website [apdc2015.sg](http://apdc2015.sg) for more details as well. The Scientific Program has been expertly planned and kudos to Prof Chew Chong Lin and his subcommittee. Please register early especially if you are interested in the workshops to avoid disappointment.

2015 is a special year with historical significance as it marks 50 years of Singapore's independence. It is for this momentous reason that I first proposed the congress bid to APDF Secretary-General Dr Oliver Hennedige. I should reveal to members that Singapore was never in the consideration at all. Hong Kong was supposed to host 2015 APDC and Macau in 2016. Thankfully, Dr Oliver successfully used all his power of persuasion to convince our friends in Hong Kong and Macau to accede to our request. The fact that he is a Singaporean and SDA member helped too.

I am also very pleased to announce two special registration packages especially for you, namely the Pioneer Package and the SG50plus Package. Details are inside the pages of this excellent *The DentalSurgeon*.

I wish I could roll out CHAS Blue and Orange packages for all members but unfortunately you all exceeded the income ceiling. One main grouse I anticipate is that the rebates are meant for IDEM 2016 rebates meaning you could only enjoy the 'cashback' if you subsequently sign up for IDEM 2016. I promise more goodies if the response to APDC 2015 is strong and we will introduce more sweeteners for IDEM 2016.

Before I sign off, I wish all members happy holidays and a fantastic year 2015 ahead!



**Dr Kuan Chee Keong**  
**President**  
**SDA Council 2012-2014**



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\*Cover page  
 photograph courtesy of  
 Dr Kuan Chee Keong



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# Faculty of Dentistry's 85<sup>th</sup> Anniversary Gala Dinner

Mr David Lee Wei Boon  
Faculty of Dentistry, NUS

**The Faculty of Dentistry organised its 85th Anniversary Gala Dinner on 30 Aug 2014 at the Pan Pacific Hotel. It was the highlight of its year-long anniversary celebration.**

It had organized an Oral Health Screening on 22 March 2014 and a combined 85th Anniversary Resilience Run on 29 Mar 2014 with Faculty of Arts and Social Sciences and Faculty of Science. Alumni and friends had turned up in great numbers to support the Faculty's previous two events. And the Gala Dinner was no exception. It was an excellent opportunity for staff, students and Alumni to meet, reminisce and celebrate the Faculty's 85 years of achievement. This was evidently displayed by the extended

photo booth queues during pre-dinner cocktail where alumni photographed themselves with friends and staff against the event backdrop and the interactions throughout the dinner.

The Dinner's Guest-of-Honour was Mr Heng Swee Keat, Minister for Education. Other distinguished guests included Mr Wong Ngit Liong, Chairman of NUS Board of Trustees (BOT), Professor Tan Chorh Chuan, President NUS and Prof John Wong, CE NUHS.

Our guests were treated to two wonderful performances before dinner. The first was a Sandart performance by Mr Lawrence Koh. During his 10-minute appearance, he adeptly sketched the development of the Faculty by rendering vivid imagery with

*Guest of Honour and our distinguished guests join hands to cut the Faculty's birthday cake*



*Friends and staff against the event backdrop*



*Acapella item by the 5-member Matrix Band which comprised Year 3 students*

sand. It was carefully choreographed with detailed lights and sound that mesmerized our guests as they journeyed the Faculty's progress with Lawrence. Our next performance was an acapella item by the 5-member Matrix Band which comprised Year 3 students. They captivated the audience with their rendition of the song "For the Longest Time".

This was followed by the cake cutting ceremony. The Faculty also took the opportunity to celebrate the 5th-year anniversaries of classes present. A total

of 12 cakes were cut and the atmosphere was both celebratory and nostalgic.

The Faculty also honoured those who had made significant contribution to the Faculty during the Dinner. Minister and President NUS presented medals, scholarships, teaching and service excellence and Long Service awards to deserving recipients.

The Dinner was also an opportunity for alumni to extend their generosity to the Faculty. Members of the Class of '85 have collectively donated a total of \$102,000 towards the Faculty Development Fund for the Centre for Oral Health building. The Faculty took this opportunity and occasion to recognize and appreciate the class by presenting to them a specially commissioned oil painting of the College



Class of '85 poses beside the oil painting with Mr Wong (Chairman, NUS BOT) and Mr Ong Kim Seng

of Medicine Building painted by Mr Ong Kim Seng. The Class extended their generosity by returning the painting to the Faculty for display at the forthcoming Centre for Oral Health (COH).

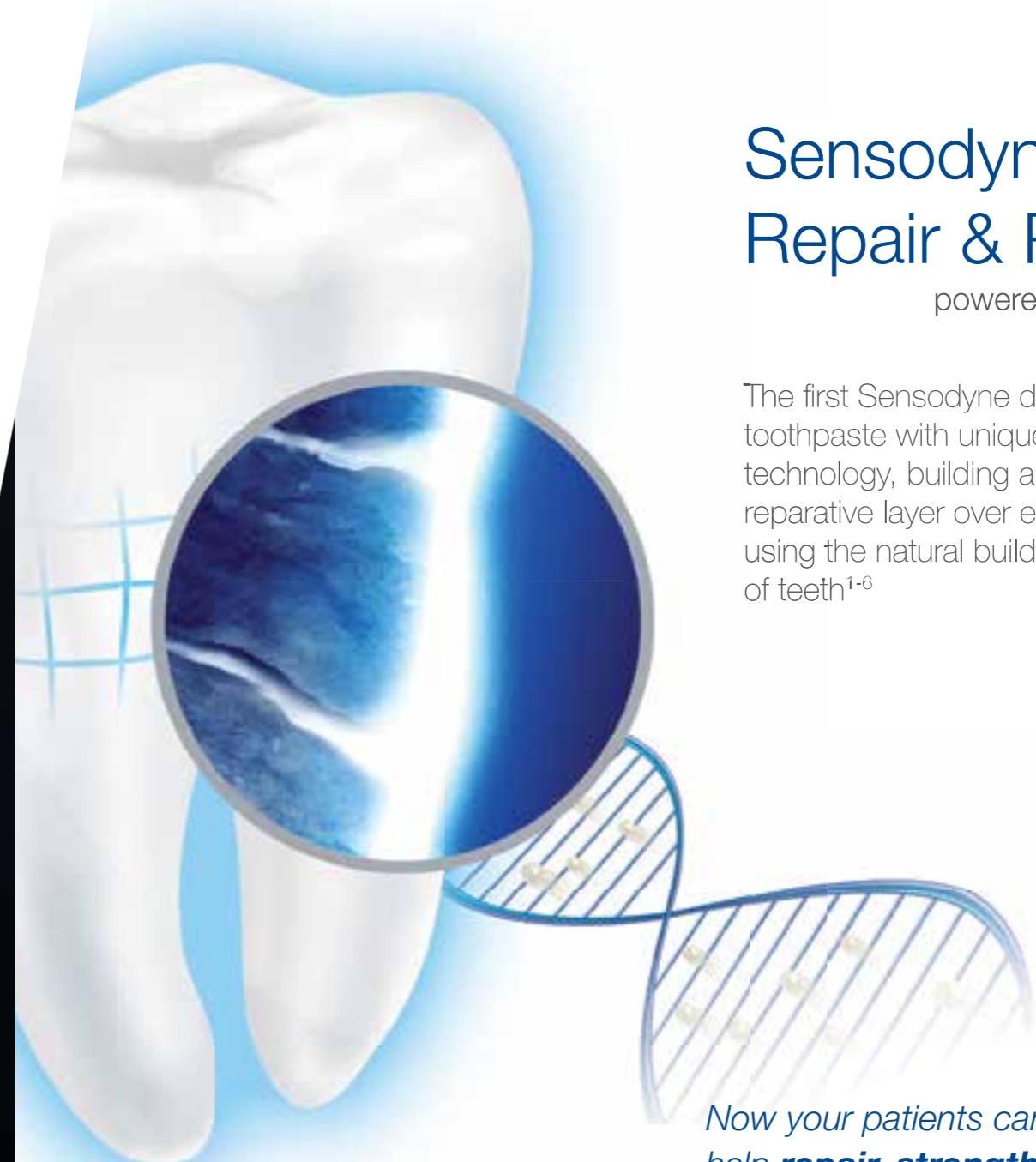
The Dean also read the letter of an anonymous donor who had pledged \$250,000 to the Faculty's Endowment Fund. It contained a touching message of a grateful alumnus who appreciated the Faculty's important contribution to his/her current achievement, and the pledge is a form of gratitude and an encouragement to other alumni to recognize this reality.

The 85th Anniversary's theme of "Building the Future of Dentistry" is indeed realised by the philanthropic spirit of alumni and friends with a shared vision for the Faculty's development and the dental profession. The Faculty in turn is inspired by the display of camaraderie amongst the dental fraternity and look forward to a wonderful partnership as it builds the future of the dental profession. It would like to thank all its distinguished guests, alumni, students and friends for attending this Gala Dinner and helped make the event a tremendous success.

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On the 25th of September 2014, the Ethics and Practice Management Committee of the Singapore Dental Association (SDA) held a special briefing by officers of the Personal Data Protection Commission (PDPC), which was well received by members and attracted a large turnout.



The Personal Data Protection Act (PDPA) was enacted in 2012 and came into operation on 2nd Jan 2013. Its

objective is to govern the collection, use and disclosure of personal data which recognises both the rights of individuals to protect their personal data and the needs of organisations to collect, use or disclose personal data for legitimate and reasonable purposes.

By regulating the flow of personal data among organisations, the PDPA aims to strengthen and entrench Singapore's competitiveness and position as a trusted, world-class hub for businesses.

The purpose of PDPA Night 2014 was to help members understand their obligations under PDPA, so that SDA members can review and adopt internal personal data protection policies and practices, to help them comply with the PDPA. The session concluded with an interactive and engaging Q & A session and the assurance from SDA that it will continue to work with the PDPC as part of the public education efforts for the dental industry.



### WHAT IS PERSONAL DATA?

“Personal data” refers to data, whether true or not, about an individual who can be identified from that data or from that data and other information that the organisation has or is likely to have access. Personal data in Singapore is protected under the Personal Data Protection Act 2012 (PDPA).

### REGULATORY AND ADVISORY BODIES FOR THE PDPA

The Personal Data Protection Commission (PDPC) is a Singapore Government statutory body established on 2 January 2013 to administer and enforce the Personal Data Protection Act 2012 (PDPA). The other roles of PDPC include undertaking public education and engagement programmes to help organisations understand and comply with the PDPA as well as to promote greater awareness of the importance of personal data protection in Singapore.

### OVERVIEW OF THE PERSONAL DATA PROTECTION REGIME

The PDPA takes effect in phases starting with the provisions relating to the formation of the PDPC on 2 January 2013. Provisions relating to the DNC Registry came into effect on 2 January 2014 and the main data protection rules on 2 July 2014. This allowed time for organisations to review and adopt internal personal data protection policies and practices, to help them comply with the PDPA.



\*Source of Infographics courtesy of PDPA.

**The data protection provisions in the PDPA (parts III to VI) generally do not apply to:**

- Any individual acting in a personal or domestic basis.
- Any employee acting in the course of his or her employment with an organisation.
- Any public agency or an organisation in the course of acting on behalf of a public agency in relation to the collection, use or disclosure of the personal data. You may wish to refer to the Personal Data Protection (Statutory Bodies) Notification 2013 for the list of specified public agencies.
- Business contact information. This refers to an individual’s name, position name or title, business telephone number, business address, business electronic mail address or business fax number and any other similar information about the individual, not provided by the individual solely for his or her personal purposes.

**SCOPE OF THE DNC REGISTRY**

Individuals who have registered their Singapore phone numbers (business registration numbers allowed) with the DNC registry can opt not to receive business and customer marketing messages, in the form of voice calls, SMS/MMS/texts or fax messages.

Starting from 2 January 2014, the Do Not Call (DNC) provisions under the Personal Data Protection Act 2012 (PDPA) generally prohibits organisations from sending certain marketing messages (in the form of voice calls, text or fax messages) to Singapore telephone numbers, including mobile, fixed-line, residential and business numbers, registered with the DNC Registry.

Such marketing messages generally have one or more of the following purposes:

- Offer to supply, advertise or promote goods or services;
- Advertise/promote suppliers or prospective suppliers of goods or services; or
- Supply/advertise/promote land, interests in land or business/investment opportunities.

Whether your organisation is directly sending such marketing messages, causing the message to be sent or authorising another organisation to do so, your organisation has to ensure that such messages are not sent to Singapore telephone numbers registered with the DNC Registry.

Organisations sending marketing messages to Singapore telephone numbers will need to:

- Check with the DNC Registry, unless you have the recipients’ clear and unambiguous consent in written or other accessible form for sending the marketing message to the Singapore telephone number.
- Your organisation may also send a text or fax message (but not voice call) on related products, services and memberships to individuals with whom you have an ongoing relationship (a series of one-off transactions does not constitute an ongoing relationship), without the need to check the DNC Registry. In your message, you are required to provide information on how individuals can opt out of such messages using the same medium by which the message is sent. Upon receiving an individual’s opt-out request, you may no longer rely on the exemption and must stop sending such messages to that individual 30 days after the opt-out. Please refer to the Personal Data Protection (Exemption from Section 43) Order 2013 for more information.
- If your organisation is sending a text or fax message, include clear and accurate information identifying your organisation as well as contact details within the message. This allows the recipient to contact you for clarifications, if necessary.
- If your organisation is making a voice call, ensure that the calling identity, or phone number from which the message is sent out from, is not concealed.

The DNC Registry, however, does not cover messages sent for other purposes, such as service calls or reminder messages sent by organisations to render services bought by the individual. Messages for pure market survey or research and those that promote charitable or religious causes are also not covered under the DNC provisions. Telemarketing calls or messages of a commercial nature that target businesses are also excluded from the DNC Registry rules. For the list of messages that are excluded under the PDPA, please refer to the Eighth Schedule of the PDPA.

**PENALTY AND ENFORCEMENT REGIME**

The PDPA is generally a complaint based regime and the Commission has the power to investigate and issue directions. Organisations who flout the DNC provisions will face a fine per contravention capped at \$10,000 and the composition capped at \$1,000. Organisations who fail comply with the DP provisions face a financial penalty of such amount not exceeding \$1 million.

**GETTING STARTED**

Organisations will need to review their data protection policies and put in place practices to comply with the PDPA. To help organisations get ready, PDPC provides help for the organisations through briefings, training courses and its E-learning programme. For more information, please visit their website at [www.pdpc.gov.sg](http://www.pdpc.gov.sg)

\* We would like to thank especially Mr Loh Yong Chye, Deputy Director, Comms, and Miss Penny Phua, Asst Manager, Comms, PDPC.



# Singapore's Overseas Dental Graduates:

*finding your way into the system*

By Dr Alan Chan Yi How

A handful of us have the opportunity to experience dentistry in a country other than Singapore. Some of the local graduates have experienced this during their post-graduate time spent out of Singapore and most of them I believe hold dear this experience close to their heart with fond memories. Many of the local graduates I speak to often recall their postgraduate days with pride and

longing and would often rattle off their favorite professors or their mastered advanced dental technique with a twinkle in their eye. Being in a foreign country poses different challenges to most Singaporeans. The adaptive nature in us tries to blend into a totally new and possibly unfamiliar culture, way of life and education system and possibly even a new found loneliness. Even the basic

English language that we had assumed we had total control of in our written form suddenly needed another avenue of expression when we try to communicate with new friends and patients from our adopted country.

Looking at this from another angle, we may see some of the overseas dental graduate grappling with similar issues as they try to settle down in the working life of fast-paced Singapore. Having spent a good part of their life abroad, their minds would inevitably bring along some of that particular country's influences be it in their professional capacity or their adopted lifestyles. For a returning Singaporean/PRs, having been born and bred

in Singapore does not necessarily mean an easy path of settling down, both professionally and emotionally. As an overseas graduate, most of your familiar professional network you have built up in your adopted country becomes somewhat confined to the virtual world of Facebook and emails. For those returning Singaporeans/PRs, while you unpack your oversized luggage for the last time and try to learn and work the twine back into the Singapore system, you can at least heave a sigh of relief that your family and friends are finally within arm's length again. Meanwhile, an overseas graduate who is setting foot in

Singapore for the first time would suddenly grapple with the challenges as mentioned in my opening paragraph albeit this time round it is their turn to experience adaptation to our Singaporean way of life and relentless work ethos. Amidst these challenges, they suddenly realize their support group has dwindled to a small number of colleagues from the same practice or their best buddies who had joined their foray into the Singapore dental world.

We will be coming up with a series of short articles to help the overseas graduates come to grips with some of the guidelines for registration and employment criteria they will need to know to settle themselves into the Singapore dental world. Bear in mind, the best guidelines will still be that located in the Singapore Dental Council website, please refer to this for more information should you need more details.

[http://www.healthprofessionals.gov.sg/content/hprof/sdc/en/leftnav/information\\_for\\_dentists/register\\_as\\_a\\_dentist.html](http://www.healthprofessionals.gov.sg/content/hprof/sdc/en/leftnav/information_for_dentists/register_as_a_dentist.html)

For those overseas graduates out there, take heed that once you learn the Singaporean dental ropes, this journey can be a fruitful and meaningful one. One of fond memories and pride too just as our local counterparts had experienced.

So if you need a fellow listening ear, please feel free to approach the following people,

**Dr Lim Lii**

[drlimlii@yahoo.com.sg](mailto:drlimlii@yahoo.com.sg)

**Dr Alan Chan**

[alantie1999@gmail.com](mailto:alantie1999@gmail.com)

**Dr Andrew Lui**

[andrew.lui@dentalessence.com.sg](mailto:andrew.lui@dentalessence.com.sg)



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**Rebates for 37th Asia Pacific Dental Congress 2015**

Dear Esteemed Members,

As you are aware, Singapore has been chosen as the host for the upcoming 37th Asia Pacific Dental Congress. I am honored to announce that the registration is officially open. Please visit our website apdc2015.sg for more details.

APDC 2015 will be held from **3 – 5 April 2015** at the Suntec Singapore. Themed 'Meeting Future Challenges Today', APDC 2015 will feature:

- Unparalleled scientific program and hands-on workshops
- Distinguished international and local speakers
- Comprehensive trade exhibition
- Parallel congresses like Defence Forces Dental Forum, Chief Dental Officers' Forum as well as Dental Hygienists and Therapists Congress.

The year 2015 is also a significant milestone for Singapore as it marks 50 years of independence. As such, I am very pleased to announce two special registration packages especially for you, namely the **Pioneer Package** and the **SG50 Package**.

Pioneer Package – all SDA members **with** the Pioneer Generation card will be given **\$200** in the form of IDEM 2016 rebate voucher

SG50 Package – a supercharged version of the original SG50 idea, all SDA members without the Pioneer Generation will be given a S\$100 discount in the form of IDEM 2016 rebate voucher

This rebate voucher is issued to our members as a personal gesture in recognition of your strong support for our beloved Association as well as your contribution to the profession and nation. The voucher is not exchangeable for any other payment except for IDEM 2016 registration.

I hope you will find APDC 2015 interesting and register before the 20<sup>th</sup> January 2015 deadline for early registration fees. The limited attendance workshops are also expected to be popular and do register early to avoid disappointment.

Thank you and look forward to see you at the APDC 2015!

Yours sincerely,

Kuan Chee Keong  
 President,  
 Singapore Dental Association  
 President-Elect,  
 Asia Pacific Dental Federation/Asia Pacific Regional Office

**PAIN ASSOCIATION OF SINGAPORE (PAS) – SDA COMBINED SCIENTIFIC MEETING**

written by Dr Su Shengle



**2014 marks the Global Year Against Orofacial Pain - a year-long initiative designed to raise awareness of official pain internationally. Each year, the International Association for the Study of Pain focuses on a different aspect of pain that has global implications. In conjunction with this, the Singapore Dental Association and Pain Association of Singapore has collaborated and organized the inaugural Orofacial Pain Congress.**

The day-long event was held on 16<sup>th</sup> August 2014 at Grand Copthorne Waterfront Hotel and featured both overseas and local speakers. Speakers from both medical and dental backgrounds came together and delivered a comprehensive series of lectures focusing on orofacial pain. The event kicked off in the morning with a combined medical/dental session bridging the gap between medical and dental approach to orofacial pain. The combined session gave dental practitioners insight to how medical

colleagues diagnose/manage orofacial pain and vice versa. Many participants found the exchange of information and management techniques extremely applicable to clinical practice. The combined session was followed by 2 concurrent medical and dental sessions after lunch. These separate sessions allow participants to venture deeper into their respective area of expertise and further understand more about orofacial pain and their management techniques. The day

concluded with a final combined session that brought everyone back together to sum up an intense but enjoyable day of learning. The event was very well-received by both medical and dental professionals as it gave participants a more well-rounded learning alongside other healthcare professionals. It was a fulfilling day spent with the forging of new friendships as well as broadening of knowledge.



# REPORT ON FDI NEW DEHLI 2014

Photo courtesy of Dr Su Shengle

When India was picked as the host country for FDI Annual World Dental Congress 2014, the Council was filled with trepidation. After the infamous gang rape case in 2012, India continues to be hounded by unsavoury news reports. Truth be told, which country could claim to be totally safe. Even in Singapore, we are continuously reminded that “low crime doesn’t mean no crime.”

India is the 7th largest country by area with a population of 1.2 billion, second only to China. Historically rich and being the birthplace to four world religions (Hinduism, Buddhism, Jainism and Sikhism) India is famed for her diversity. India wrestled her independence from Britain in 1947 after a long struggle for freedom that was famously marked by non-violent resistance led by Mahatma Gandhi. Since I have never visited India before, I was keen to travel to New Delhi but dreaded to go on a solo trip just like last year’s FDI Istanbul. Attending all the meetings and receptions was really tough for one person.

Fortunately, New Delhi is a lot nearer than Istanbul so I managed to convince a few kind souls to share the joy of representing SDA with me. Past FDI experiences have taught us to do a thorough research of the location of the venue, the availability of accommodation, the mode of transportation and immigration issues. The Indian Dental Association had chosen to host the FDI Congress in Greater Noida, a suburb 40km from New Delhi and all the congress hotels were not within walking distance. So we selected our accommodation carefully and arranged for ground transport.

Our flight to India was an adventure by itself because we chose Malaysian Airlines. That was after the disappearance of MH370. Then followed by the downing of MH17. Malaysian Airlines offered a full refund to any passenger who wished to change plans but we decided to stick to the plan. We stayed at the Frasers Suites New Delhi serviced apartments with creaky floor and service standard below that expected of the Frasers brand. There were many instances of service lapses but the most dramatic was a smell like a gas leak was detected and we reported it to the reception. The maintenance staff came, took a few sniffs and declared there was nothing unusual in the air.

Humayun’s Tomb



Delicious Indian cuisine



Dr Asha was herself a tourist attraction at Qutub Minar when this group of school children asked for a photograph with her.

We all stared at him, unsure of whether he would turn violent if we burst out laughing. We insisted on some remedies or else change our room. Some rectifications were performed and the smell was thankfully gone. We just prayed there was no carbon monoxide leak.

Riding on the exceptional success of FDI Istanbul 2013, the momentum pushed FDI New Delhi 2014 to unprecedented heights with over 17,000 participants, including hundreds of onsite international registrations. I get the feeling that these foreign delegates were spooked by all the bad media coverage and waited till the last minute. The Opening Ceremony was graced by Shri Pranab Mukherjee, the 13th President of India and it was a grand affair culminating with a climactic Bollywood style performance.

We attended all the FDI World Dental Parliament meetings during which numerous important decisions were made and new FDI officials, councilors as well as committee members were elected. The FDI 2014-2017 Strategic Plan, Financial Strategy and 6 FDI Policy Statements were adopted.

The media launch of the FDI Data Hub for Global Oral Health was launched together with an updated Oral Atlas. This was well covered in major Indian and regional press. The Data Hub, which has broken new ground in the field of collection, collation and comparison of information on oral health and related issues, including other non-communicable diseases. Do visit FDI website to access the Data Hub.

Delegates were also briefed on the discussion of FDI's suggestions and guidelines for implementing the Minamata Convention on Mercury.

*Having a good time at the Colgate Reception.*



*At the APDC Singapore Lunch Reception during the lunch break of FDI General Assembly A [L – R: Drs Kuan Chee Keong, Kelvin Chye, Lim Lii & Su Shengle]*



Toolkits were developed to help national dental associations and their member dentists comply with the provisions on dental amalgam. We also attended APDF/APRO meetings to discuss matters relating to Asia Pacific region and the APDC 2015. The trade exhibition was large and very lively with traders doing brisk sales. We hosted a lunch for all the National Dental Association delegates during the General Assembly to promote APDC 2015 Singapore.

Like in Istanbul last year, we had a meeting with DPL's Drs Stephen Henderson and Jane Merivale to discuss issues pertaining our professional indemnity. We organized a meeting over dinner at the hotel they were staying, the Kempinski Ambience which is a short 10km away from our hotel. Due to confusion with another hotel 30km away, the Leela Ambience Hotel (formerly known as Leela Kempinski), we ended traveling for hours during the evening rush hour.

The evenings were mostly filled with dinner receptions and we attended the receptions organized by the Japan Dental Association and Colgate Palmolive. We had to decline the receptions organized by the American, French and German Dental Associations to give ourselves some rest after a full day of meetings. The dinner reception by Colgate Palmolive was very memorable and well organized.

During the break from our packed schedule, we organized a tour to visit Taj Mahal and Agra Fort with our MDA colleagues. It was a golden opportunity for us to foster closer ties with MDA. We enjoyed our stay in New Delhi very much and look forward to the 2015 FDI Annual World Dental Congress in Bangkok (22 to 25 August 2015).



*Invitation to Colgate Dinner Reception in the form of a scroll inside this beautifully crafted container. Bus transport was meticulously and efficiently planned.*



*L-R: Dr Teh Tat Beng, President of MDA, Dr Kuan Chee Keong, President of SDA & President-Elect of APDF/APRO and Dr John Ting, President-Elect of MDA.*

# FDI NEW DELHI POLICY STATEMENT

By Dr Kuan Chee Keong

There were 6 FDI Policy Statements adopted at the FDI General Assembly dealing with a variety of dental health issues. These policy statements along with past policy statements are available on the FDI website. This article will touch briefly on 5 Statements but the last on Minamata Convention is reproduced fully due to its importance. Many delegates thanked the Minamata Convention Taskforce for their superb efforts.

The Dental Practice Committee prepared FDI Policy Statement 1 "Perinatal and Infant Oral Health". The Chairperson, Dr Ward van Dijk from the Netherlands submitted it for adoption by the FDI General Assembly. The Statement calls for a concerted integrated effort of parents, schools, health ministries and other stakeholders to decrease the intake of sugar in all its forms.

Dr Li-jian Jin of Hong Kong chaired the Science Committee which drafted the FDI Policy Statement 2 on Radiation Safety in Dentistry. The Policy Statement as a whole was informative although the summary was plain common sense: "The amount of radiation exposure from conventional dental radiographs is low but the exposure from CBCT may be much higher. Radiographs should only be made when there is an expectation that the diagnostic yield will affect patient care. All reasonable means should be used to reduce radiation exposures, without compromising diagnosis, when radiographs are made."

The Science Committee was again in action with FDI Policy Statement 3 "Early Detection of HIV Infection and Appropriate Care of Subjects with HIV infection/AIDS". The statement reads "Oral lesions are prominent in the clinical course of HIV/AIDS. Oral health-care professionals can play important roles in the identification, prompt diagnosis and management. Studies exploring the nature, etiology and management of the orofacial complications of HIV/AIDS are valuable in the overall approach to the pandemic. Saliva-based tests for HIV are now widely used, and novel technologies for this as well as other agents are evolving."

Science Committee hit a stumbling block with the Policy Statement 4 on Dental Implants due to some disagreements with the wordings. One delegate objected to the use of a proprietary term as he felt that it could be interpreted as an endorsement of a specific brand or manufacturer. This created a commotion because there was ample opportunity for discussions and amendments in the Open Forum session days earlier. This Policy Statement was adopted by the narrowest of margin and only after 2 rounds of voting.

In contrast, FDI Policy Statement 5 "Promoting Oral Health through Water Fluoridation" was adopted uneventfully. The FDI recommends a comprehensive preventive approach as the most appropriate method of reducing the heavy burden of dental decay worldwide and together with WHO supports the use of water fluoridation as an important public health measure.



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# FDI DRAFT POLICY STATEMENT 6

*Dental Amalgam and the Minamata Convention on Mercury  
Dental Practice Committee  
Submitted for adoption by the FDI General Assembly in  
September 2014, New Delhi, India*

## Scope

The present FDI Policy Statement covers dental amalgam for tooth restoration in the light of the special provisions for a phase-down in its use, contained in the 2013 Minamata Convention on Mercury<sup>1</sup>.

## Definitions

**Minamata Convention on Mercury:** an international treaty governing the mining, use and trade in mercury.

**Dental amalgam:** a mercury-added product containing approximately 50% mercury, which forms intermetallic alloy with silver, copper, and tin.

## Introduction

Dental caries remains one of the most common diseases worldwide, even though substantial progress has been made in its prevention. Dental amalgam is widely used to repair teeth damaged by caries because of its ease of use, appropriate mechanical and bacteriostatic properties and cost-effectiveness. Amalgam has been available for over 150 years, and has one of the longest life expectancies of direct restorative materials used for the repair of carious teeth. Although much research effort has been expended in developing amalgam alternatives, no universal substitute is currently available. So dentists must have dental amalgam available as a treatment option.

The Minamata Convention on Mercury is a global treaty to protect human health and the environment from the adverse effects of mercury. The major highlights include a ban on new mercury mines, the phase-out of existing ones, control measures on air emissions, and the international regulation of the informal sector for artisanal and small-scale gold mining.<sup>1</sup> The Convention also calls for a phase-down approach to dental amalgam (Annex A, Part II) through greater emphasis, notably on prevention, research into new dental materials and best management practice. FDI is on record as supporting the provisions of the Minamata Convention on Mercury<sup>2</sup>.

## Statement

### 1. Safety of Dental Amalgam

FDI reiterates the main conclusion of the WHO Consensus Statement on Dental Amalgam, adopted by the FDI General Assembly in 1997: "The current weight of evidence is that contemporary dental restorative materials, including dental amalgam, are considered to be safe and effective."<sup>3</sup>

The official position is contained in FDI Policy Statement Safety of Dental Amalgam, adopted by the FDI General Assembly in 2007.

### 2. Adverse effect of Dental Amalgam

Possible adverse effects of Dental Amalgam are detailed in the FDI Policy Statement Possible Local Adverse Effects of Amalgam Restorations, adopted by the FDI General Assembly in 2007.

### 3. Phase-down of Dental Amalgam

The Minamata Convention calls for a phase-down of dental amalgam, with provisions for monitoring progress. The phase-down will necessitate a reduction in the use of dental amalgam coupled with measures to:

### A. Improve the public's awareness of the importance of oral health and linkage to general health

- Promote education toward the understanding that oral health is integral to general health.
- Encourage cooperation between members of health professions, governments, inter-governmental, non-governmental organizations, and the media to promote the widespread understanding that most oral diseases and their consequences can be prevented with simple interventions.

### C. Ensure that health and the environment are protected through health care providers' safe handling practices, effective waste management and appropriate disposal of dental restorative material (environmentally sound lifecycle management)

- **Occupational Risk to Oral Health Personnel**  
A potential health risk to oral health personnel from mercury exposure exists if working conditions are not properly organised. The application of proper mercury hygienic requirements and procedures in dental clinics will significantly reduce exposure to mercury<sup>5</sup>.

Recommendations for handling and disposal of dental amalgam are provided in FDI Policy Statement Mercury Hygiene Guidance, adopted by the FDI General Assembly in 2007.

### B. Increase emphasis on the three basic public health principles of needs assessment, disease prevention and health promotion

- Advocate national health policies and programmes that include oral health promotion and preventive measures at population, community, individual, and professional levels.
- Promote organised collaboration between stakeholders at all levels and the adoption of replicable, reliable and affordable approaches to the integrated prevention of oral disease as part of prevention of other chronic, non-communicable diseases<sup>4</sup>.

- **Environmental Concerns**  
Mercury used in dentistry may contaminate the environment via the disposal of waste products from dental clinics. Equipment is available to collect metallic waste generated during dental amalgam placement and removal. Appropriate collection and recycling technology is also available to reduce mercury pollution of the environment, including pollution from crematoria<sup>5</sup> by installing emission filters.

Recommendations on the disposal of dental amalgam are detailed in FDI Policy Statement Amalgam Waste Management, adopted by the FDI General Assembly respectively 2009.

### D. Ensure that dentists have the full complement of techniques, procedures and dental restorative materials available

FDI

- Supports the concept of collaborative research groups within and between countries;
- Encourages the funding of dental research;
- Encourages the use non mercury containing filling material when appropriate;
- Encourages research programmes in all of the sciences related to dentistry;
- Encourages academic and industry scientists to promote the development and standardisation of high quality equipment, instruments, materials and therapeutic agents;

Requests national dental associations and health authorities to support or initiate research programmes and procedures that promote these objectives<sup>6</sup>.

### E. Work with the dental profession in establishing a comprehensive global dental materials research agenda, alongside expanded preventive approaches

FDI

- Encourages the close co-operation between the dental profession and the research community;
- Encourages the concept of practice-based dental research in order to apply scientific findings in the practice environment and to stimulate the interests of science in the issues and problems relevant to dental practice;
- Encourages the practicing profession to keep abreast of advances in science<sup>7</sup>.

#### References

- <sup>1</sup> <http://www.mercuryconvention.org/Convention>
- <sup>2</sup> Resolution on Global Legally Binding Instrument on Mercury, Approved by General Assembly 31.08.2012
- <sup>3</sup> From FDI Policy Statement WHO Consensus Statement on Dental Amalgam (1997)
- <sup>4</sup> From FDI Policy Statement Preventing Oral Diseases (2008)
- <sup>5</sup> From FDI Policy Statement WHO Consensus Statement on Dental Amalgam (1997)
- <sup>6</sup> From FDI Policy Statement Preventing Oral Diseases (2008)
- <sup>7</sup> From FDI Policy Statement WHO Consensus Statement on Dental Amalgam (1997)

# A brief update on 'Minamata Convention on Mercury'

FROM THE 2014 FDI ANNUAL WORLD DENTAL CONGRESS NEW DELHI.

In February 2009, the United Nations Environment Programme (UNEP) started negotiation on a global legally binding treaty culminating in the Minamata Convention on Mercury.

The major highlights of the Minamata Convention include a ban on new mercury mines, the phase-out of existing ones, control measures on air emissions, and the international regulation of the informal sector for artisanal and small-scale gold mining.

The Convention draws attention to mercury that, while naturally occurring, has broad uses in everyday objects and is released to the atmosphere, soil and water from a variety of sources. Controlling this release has been a key factor in shaping this convention.

FDI, recognizing the inevitability of mercury ban, had advocated a 'phase down' rather than 'phase out' strategy coupled with greater focus on dental disease prevention (thereby reducing restorative demand), increased research on alternative restorative material and an environmentally sound management for amalgam waste.

FDI, in cooperation with the World Health Organization (WHO), International Association for Dental Research (IADR), International Dental Manufacturers and the various National Dental Associations had a significant impact on the text of the treaty. Dental Amalgam is the only mercury-added product allowed to a phase-down.

On 24 September 2014, representatives were invited to the UN Headquarters and, where possible, to facilitate the signature and ratification of the Minamata Convention on Mercury. At the time of writing, 102 countries have signed and only USA, represented by Secretary of State, John Kerry, has ratified the Convention.

The impact on us as dentists is very minimally, at least in the near future because of the 'phase-down' nature of the Convention. Moreover the Convention is enforceable only in countries that have ratified the Convention, not merely signing it. However, restrictions in the sourcing and trade of mercury are expected to reduce the availability and increase the cost of mercury. Moreover, advocacy groups could continue to lobby for a ban in dental amalgam or for changes in the provisions of the Convention.

[For more information, please visit [www.mercuryconvention.org](http://www.mercuryconvention.org) or [www.unep.org](http://www.unep.org)]

## The Provisions

There are 9 provisions in the Minamata Convention on Mercury (Annex A, Part II: Products subject to Article 4, paragraph 3) are:

- i. Setting national objectives aiming at dental caries prevention and health promotion, thereby minimizing the need for dental restoration;
- ii. Setting national objectives aiming at minimizing its use;
- iii. Promoting the use of cost-effective and clinically effective mercury-free alternatives for dental restorations;
- iv. Promoting research and development of quality mercury-free materials for dental restoration;
- v. Encouraging representative professional organizations and dental schools to educate and train dental professionals and students on the use of mercury-free dental restorative alternatives and on promoting best management practices;
- vi. Discouraging insurance policies and programmes that favor dental amalgam use over mercury-free dental restoration;
- vii. Encouraging insurance policies and programmes that favor the use of quality alternatives to dental amalgam for dental restoration;
- viii. Restricting the use of dental amalgam to its encapsulated form;
- ix. Promoting the use of best environmental practices in dental facilities to reduce releases of mercury and mercury compounds to water and land.

They can be broadly grouped into 5 areas:

1. Disease Prevention and health promotion (Provisions i and ii)
2. Dental restorative material research (Provisions iv)
3. Education (Provisions iii and v)
4. Financial incentives (Provisions vi and vii)
5. Best practice management (Provisions viii and ix)



# SENDING DENTAL CHECK-UP REMINDERS



- is it a Violation of the PDPA?



by Dr Asha Karunakaran

The briefing on the Personal Data Protection Act (PDPA) on September 25th was followed by lively questions from the audience. One member was considerably riled at the possibility that sending out routine recall SMS might be considered a violation of the PDPA. Whether it is or not, depends on how the circumstances are interpreted.

If the recipient of an SMS recall message had placed his number on the DNC (Do Not Call) Registry, then the recipient could complain – if he sees his dentist’s recall SMS as an *unsolicited marketing message*. After all, the reason why people put their telephone numbers on the DNC Registry is to avoid telemarketers.

**That is the crux of the issue. Does calling the patient or sending out an SMS reminding the patient of his dental check-up, a case of telemarketing?**

To us dentists, informing patients that they are due for dental check-ups is just part of continuing care. It allows us to review the results of treatment, to check whether the patient is sticking to a good home care routine and to carry out preventive procedures. It is not unusual for patients to reproach us if they *do not* get recall reminders from us.

It is recommended that

- Patients be informed that recall messages or reminders for dental checkups will be sent to them and to seek their preference on how to contact them.
- Treatment records should include a note that the patient is scheduled for recall. This will indicate that there is a *continuing relationship* with the patient.



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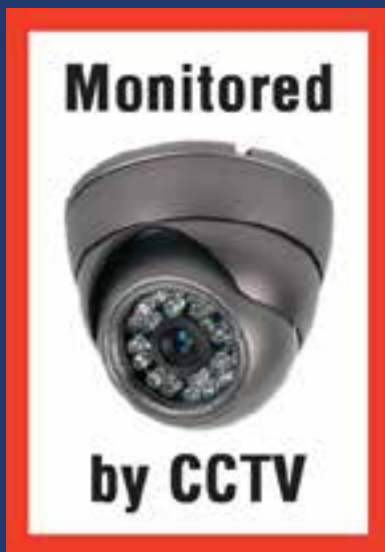
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The PDPA comprises rules governing the collection, use, disclosure and care of personal data. It recognises both the rights of individuals to protect their personal data and the needs of organisations to collect, use or disclose personal data for legitimate and reasonable purposes. Whenever information is collected that allows an individual to be identified, the PDPA must be observed. Individuals must be informed of when and why their information is obtained.

One interesting aspect of this application is the security camera installed in many clinics. There must be an appropriate sign at the premises informing individuals – staff and public – that a security camera is in operation.

The Personal Data Protection Commission (the body set up to promote awareness of the PDPA and to enforce the Act) has recommended that right at the point of registering new patients, they need to be informed of the purpose of their data collection and to seek their permission to send them recall notices to their telephone number. If a patient states that they don't want such reminders, then this must be recorded and acted upon.

*In the absence of a clear understanding, avoid phone calls or SMS and send out reminders by post or by E-mail.*

For more information, members can refer to the "Advisory Guidelines on the Do-Not-Call Provisions" available at [www.pdpc.gov.sg](http://www.pdpc.gov.sg)

The SDA will be formally informing the Commission that for dental clinics, it is standard practice to send reminders for dental check-ups by SMS or to call the patient. There is a basis of "deemed consent" for receiving such reminders when the patient chooses to register at the clinic. We will be asking for an exemption as long as SMS reminders do not contain marketing messages for new products or services of the clinic.



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# A DENTAL & MEDICAL MISSION

## DEEP INTO THE LAND OF CORDYCEPS

BY Dr Alan Chan YH | JULY 2014

**A**fter close to a year of planning and logistics arrangement, the dental mission trip to Ramjor monastery, Yushu, Qinghai, China (an autonomous area which is close to Tibet) finally took shape. Yushu was ravaged by an earthquake in 2010 April 14 measuring about 6.9-7.1 on the seismic scale. According to the Xinhua News Agency, 2,698 people were confirmed dead, 270 missing, and 12,135 injured of which 1,434 are severely injured. Due to the remoteness of the region, it took us 2 nights of connecting flights and a 5-6 hour 4WD land transport from Yushu city to our final mission site. A total of 5 Singaporean dentists, 1 Thai Oral Surgeon, 3 medical doctors, 1 optometrist and 22 volunteers were part of this trip. The Dental and Medical team was led by Dr Kaan Sheung Kin and the dental team co-ordinated by Dr Benjamin Ng.



LOCATION: YUSHU, Qinghai, China

Over more than 400kg of dental compressors, equipment, restorative materials, medicine and consumables were packed into more than 14 heavy duty trusty Samsonite luggages and carried along with us throughout the whole 10days trip. Of course, without our high level '通行证' (tong1 xing2 zheng4) all these would not have been possible. This certificate was painstakingly obtained by our chief organizer Mr Sim Beng Chye, who together with 2 others, made numerous pre-mission trips and recce to ensure the smooth running of the medical mission.



A high level '通行证' (tong1 xing2 zheng4) authorised to pass through a checkpoint



Our more than 400kg worth of dental and medical equipments.

With an altitude of an estimated 3690m above sea level, we arrived at Yushu airport on our 2nd day of travel, with our entire dental and medical 'barang-barang' intact. 6-10 hours after ascent,



Top: Truckload of dental luggages proudly tagged by Dr Teng Sin  
Bottom: Our simple dental clinic set up at the school.



The students queuing up for their morning assembly during our arrival. This is an en-route stopover to screen 300 school children before reaching our final destination, Ramjor monastery.

most of us were struck with Acute Mountain Sickness. This was met with varying degrees of headaches and breathlessness. I believe at that point in time, almost all of us felt that a mere 100m trek from our host's lunch reception felt like a completed 2.4km run! Just when our battered lungs were trying to acclimatize to the low partial pressure of oxygen at this fairly high altitude, we were met with an adhoc request for a dental extraction by a family member of our host. Being gracious guests, this procedure was carried out uneventfully at a carpark space behind the hotel. But we were rather alarmed when a tiny queue started forming outside our hotel entrance upon hearing news of our adhoc treatment and we had to politely but firmly direct most of them to our final mission destination.

Along our 6hour 4WD overland journey, our first planned setup was a stopover at a local school to screen and treat 300+ school children and perform simple exodontia.



Far right, Dr Chee Keong doing medical screening for the students.

Finally, with our remaining breath, we reached the campsite of our new workplace before sundown. Our new 'hotel' will be a six man tent for the next 5 nights. We hurriedly prepared our own bedspace before nightfall, insulating and shifting out slightly damp mattresses from last night's rain to drier areas; each of us have purchased sleeping bags of at least 0degrees or less. With the help of local duvets and blankets, everyone tried to make do with the limited warmth of the night. Nightfall in these mountainous areas can drop to temperatures of close to freezing point. Our only source of electricity were mainly from mobile generators. There



One of our happy recipient of our Singapore sponsored Systema Toothbrush kit



Scene of our final mission destination



Our sleeping quarters for the next 5 nights



Registration points



Registration area: the morning queues of Lamas and locals awaiting treatments

was also the recently donated solar panels but they are only good enough to power the nearby monastery. Every night, 'lights off' literally meant pure wilderness and battery powered torches to the freshly dug organic toilet trenches. Showers were a no-go for the next 5 nights and we simply coped with antiseptic wet wipes and powder baths to get by...at least we were blending well with the local Tibetan community we were treating.



Unexpected morning visitors of roaming Yaks!



A close-up shot of our sleeping area

The next day was a new frenzy. Some of us tried to ignore the headaches and persistent breathlessness, as our bodies coped with the new ascent to about 4150m above sea level. Adrenaline took the better of us and we busied ourselves to tidy and set up our dental stations to welcome our first patients of Ramjor village. By then, we were told, our queue had numbered close to 300 and some had to be asked to return the next day for registration.



River view from our organic lavatory tent - partial view of it on the left

Nestled in a well-lit and dedicated room of their own, our eye care team was quietly working away. They consisted of



Happy to get into the limited spaces of the morning queues



One of our well-trained volunteer Ms Vivian Goh triaging at patient holding area



Little ones wondering what the lady found in their friend's mouth...

3 lay volunteers and 1 Optometrist. In total they saw 543 adults and children during their time there. Their scope of work included vision screening, diagnosing simple eye diseases such as conjunctivitis, chronic UV-related conditions such as cataracts and pterygia; and treating presbyopia with ready-made reading glasses. Many were given ocular lubricants for dry eye or allergy. Almost all the patients left with a pair of sunglasses and were

educated about basic eye hygiene and UV protection.

Meanwhile, the medical clinic was run by 3 doctors, a Trauma surgeon, an Infectious Disease specialist and a Family physician. In total they saw over 500 patients over 3 and half days of clinic sessions including 8 minor surgeries performed under local anesthesia. Many villagers travelled far



Simply absorbing the commotions registration area...



Top: Translator at Optometry clinic describing patient's ailment  
Bottom: A worried mum awaiting for her medical check-up



Dr SianYang in the middle of his assessment

to see us. Some had to camp in made shift tents and brave the cold nights just to make it to the next morning queue for consultation.

Their dispensary was exceptionally managed by 3 non pharmacists who organized the pharmacy station so well that workflow and inventory never became a bottle neck (a common finding with most medical missions where the pharmacy is quite a challenging market place). Patients were also triaged off-site and directed through the clinic area in an orderly fashion by our capable volunteers. This facilitated the provision of appropriate care and attention for patients who needed it the most.

Common medical conditions they saw were chronic musculoskeletal pain syndromes and diet related complaints of the gastrointestinal tract. Some came with hereditary conditions or congenital malformation and were seeking second opinions from their visits to the local hospitals. Very often, our medical doctors had to concur and break the



Dr Indumathi checking on a patient's complaint



Dr Chee Keong performing a surgery for removal of a lipoma.



Top: Dr Odile and Dr Lim Lii in the middle of a lower impacted wisdom tooth surgery  
Bottom: A happy smile post treatment :)



Our dental workstation



Working fervently inside our little dental tentage...



Dr Benjamin Ng in action



Dr Kaan Sheung Kin doing final triage before sending the patient to the various dental stations

same bad news. But they believed that sometimes this is the only way to help the affected patients accept and be at peace with one's condition. However, it was hearteningly to draw out this one particular case which our doctors felt had more optimism than what the local doctors felt. They saw a 2 year old boy with Fallot's tetralogy. This condition is characterized by low oxygenation of blood due to the mixing of oxygenated and deoxygenated blood in the left ventricle via the ventricular septal defect (VSD) and preferential flow of the mixed blood from both ventricles through the aorta because of the obstruction to flow through the pulmonary valve. Treatment essentially involves surgical correction and is now often carried out in infants one year of age or younger with less than 5% perioperative mortality. However, this would ideally be in our modern medical environment and of course with appropriate funding and logistics



From left: Mr Mario Chua (volunteer), Dr Alan Chan (dentist), Dr Benjamin Ng(dentist), Dr Chee Keong (trauma surgeon), Dr Teng Sin (dentist), Dr Lim Lii (dentist), Mr CS Cheah (volunteer), Dr Kaan Sheung Kin(dentist), Ms WenJuan (optometrist), Dr Indumathi (infectious disease specialist), Mr Sim Beng Chye (chief mission co-ordinator)

always inspired by how the dental team lose ourselves in our dental work and try to clear the patients who come to us each day; only to realize the healthily bright scorching sunrays were but a mere illusion of time when we finally glanced at our watches and realized it was almost 8pm!

In the flutter of an eye, our 10 day trip came to an end. A total tally of 1400 patients was seen by our combined medical and dental team. Finally, the sands of time brought us to the day of departure back to our Singaporean hometown. And just when we thought that it would be the usual heart breaking goodbyes, a surprise event struck. As reported by Channel News Asia on 15th July 2014, Tuesday; 'BEIJING: An explosion has occurred in the car park of Xining's main airport in China's northwestern province of Qinghai. There have been no immediate reports of casualties. A Chinese newspaper



One of the local breeds of Tibetan Mastiff

involved. And so this information was conveyed to the two main team coordinators, ie the Rinpoche, the head Abbot of the Tibetan Team and Mr Sim B.C., head of the Singaporean team.

For the next five days, the dental and medical team worked tirelessly throughout the long summer evenings. Helping us at our clinics were our interpreters and local Tibetan doctors who were invaluable in facilitating consultations and care especially when this involved chronic diseases and complex patient education. We were VERY fortunate to have a volunteer chef who helped boost our morale daily to sustain our glucose levels and our Singaporean palates! Tibetan menu of Tsampa (Flour milled from roasted barley, a staple food of Tibet) and Yak butter tea were usually too rich for most of us...



Made in Singapore kites up in skies of Yushu



From left: Mr David Lee(volunteer), Mr Raymond Chew(volunteer), Dr Sapphire Gan (dentist), Ms Gem Gan(volunteer), Mr Daniel Heng(volunteer), Mr Mario Chua(volunteer)



The local kids and our tibetan translators posing for a shot with their UV sunglasses from Singapore



Grazing Yaks under a cool evening sunset

Many a time at the end of the day, I am





A group photo with our local hosts who gave us a treat after we chanced upon them in one of our morning treks: savouring Tibetan hospitality

reported the explosion had occurred at 1:45 pm at the Caojiapu airport car park -- and that the explosives were placed in a rubbish bin. Authorities swiftly moved in to seal off the area and investigations are underway. Chinese authorities have stepped up security in airports and train stations following a series of violent attacks blamed on Uighur separatists in recent months.- Agencies/rw'.The only saving grace that day was that we had decided to check in early to ensure our oversized luggages went in trouble-free. As such, we were already in the airport compounds by 1pm. Anytime later, no one knows how things may turn out. This further serves as a reminder of the underlying volatility of the area of our medical mission for which often we choose to keep it at the back of minds, many a times too with our fingers crossed.

Sometimes people may ask if a dental,



Some quiet moments of rest and shared memories on our final day of mission.



THE DENTAL AND MEDICAL MISSION TEAM, complete with our local Tibetan counterparts!



Roasted barley flour and Yak butter, raw ingredients for making Tibetan Tsampa



Happy faces post treatment :)



A highly sought-after local produce: Cordyceps

medical mission outreach can actually help the local community we aim to treat. In the long run, the good thing about our dental line is the definitive treatment that we can achieve simply by extracting the painful tooth source in question. But on a broader scale, our mission work may be able to achieve indirect results that people generally may not see but bring about bigger benefits to the community as a whole. To further illustrate this point, I realized that the Chinese government were monitoring us and were pleased

with the international attention coupled with the high quality of medical and dental facilities and care we managed to set up during our stint in Yushu. This was accompanied by a high level tour by one of the local governors. As a result, they had pledged to improve the 5-6 hour unpaved roads that leads to Ramjor village from Yushu central. One of the volunteers was trying to create a sustainable income for the Ramjor community as a whole with their harvest and sale of the valuable local produce, cordyceps. The little boy

with Tetralogy of Fallot's, with the help of collaborated donations and logistics effort by Rinpoche and the Singaporean volunteers, had just received his surgical intervention at Xi Jing military hospital in Xian as I typed this report. His congenital heart defect basically meant he may not be able to survive beyond puberty if not for the recent diagnosis and subsequent intervention carried out. A life was saved as a result. Maybe the pursuit of humanitarian idealism seems far-fetched, but I am glad we played a small part in it.



# Tastes of London and Phuket!

The irascible & debonair Travelling Gourmet finds "Flower Power" in a 2 Michelin Star restaurant off celebrated Oxford Street in... Dr. Michael Lim, The Travelling Gourmet™



## MERRY olde England's capital, London.

On a peaceful street I found Hibiscus Restaurant, to be warmly greeted by mon ami, cheerful French Masterchef Claude Bosi who has made England his home. His restaurant is cosy and unpretentious despite its 2 Michelin Star 'haute cuisine' status. Nevertheless,

Hibiscus has that striking cool, understated elegance & comfort in its charming ambience. Surreal expressionistic artworks dot the walls while a grand glittering circular chandelier impresses. The Hibiscus flower is the national flower of Malaysia & Hawaii.

In a flash 'amuse buche' arrived. An appetising assortment of Caucassin Almonds, Green Olives & Cashew Nuts in salt & vinegar sharpened my taste-buds for more...The bread was akin to steamed 'man tou' and with the Shropshire butter...tasted like 'Xiao Loong Pow'. Unexpected but very nice indeed!

A shot glass appeared unobtrusively...Hibiscus Soda & Elderflower Foam. The service is 'superbe' with an all French staff. Wine was served...2011 Chateau le Puy Marie-Cecile. Deep gold with hints of amber & a striking primary nose of Hami musk melon delighted. The finish was medium to long with hints of spice.

OMG! I love sweetbread, especially done with mustard & sorrel sauce a la Chef Claude. So incredibly plump,

succulent and tasty...

Scallop was served... just pink & a teeny bit raw in the middle with a savoury Pork Pie sauce...a masterful combination of mouthwatering flavours.

My Fontedictor unfiltered red wine had 95% Carignan & 5% Grenache. Its rich style and full body was redolent with sour cherries plus an earthy finish with hints of leather & cedarwood, made it a perfect foil with...Confit of Grouse caressed with Curry Sauce. I was in the UK at the right time. Since the Game Act of Parliament 1831, the Grouse Season starts yearly on the glorious 12th of August to December 10.

GROUSE (Lagopus Lagopus) is a totally wild bird that cannot be artificially reared due to its dependence on heather moorland. I love



Grouse but beware, like Durian it is an acquired taste. The meat is very fine but the taste is very strong like pork liver...the dark meat from the thigh has a slightly bitter aftertaste. My grouse lay seductively on a bed of mushrooms & Boulangere potatoes...I tucked in with my Onyx handled Languiole knife. The jus and sauce were 'magnifique'. Chewing happily, I bit on something hard...it was a 2mm diameter lead pellet from a shotgun cartridge. I keep it to this day in a small bottle. Finding buckshot in game means good luck Ha! Ha!

Desserts are c'est formidable! The Treacle Tart is terrific!

**HIBISCUS (2 Michelin Stars)**  
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**The audacious Travelling Gourmet™ escapes from the madding crowd on Patong Beach to ...**



# Marvellous

*serene & splendid Sri Panwa Resort far from the main tourist areas full of hustlers, pimps and filles des joie. A one hour and forty minute drive up to the cool mountains.*

**A thing of beauty is a joy forever...**

Perched on top of Cape Panwa like a free-wheeling Maltese falcon is a resort that brought tears of joy to my eyes on seeing it! Especially after the chaos and mayhem on Patong Beach.

Baba Pool Club cooked happily with passion by a real Thai lady momma Chef! The Pad Thai with fettucine-like rice noodles and seafood plus peanuts, sugar & raw bean sprouts for you to add to taste, is fabulous. As is the Tom Yam Goong with seafood, lots of lemongrass & chillies! I love the sweet & spicy dipping sauces with crispy rice crackers plus the healthy Green Papaya Salad. The Thai dishes are for local tastes...Thai food has extremes in terms of flavour profile... very sweet, very sour, very spicy and very salty...I know, because I trained in Thai cuisine at the renowned Mandarin Oriental Hotel School of



The pools, the villas, the food, excellent discreet service...what is there not to like??? One swim is NEVER enough in the 25m infinity-edge Lap Pool...you feel like you have arrived at a tropical Utopia where time stands still...I was in Heaven! The architect who designed this resort is a Genius! The food is authentic Thai cuisine at the



Thai Cooking in Bangkok & also in Chiangmai.

Indulge in sweet Thai temptations like "Red Rubies", exquisitely cute jellies & cakes made with Mung bean. Sexy Stewed Banana with Ice Cream spiked with Baileys Irish Cream Liquer is intoxicating...Ha! Ha!



As Arnold Schwarzenegger said in "The Terminator" : I'll be back..." :-)

**SRI PANWA Resort**  
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# BMW M3&M4

– THE ULTIMATE DAILY DRIVER BY DR KEVIN CO



## THE LETTER M,

to many car enthusiast meant only one thing, the arrival of the ultimate driving machine.

It has been 28 years since the first iconic BMW M3 was built. The launched of the new BMW M3 Sedan and new BMW M4 Coupé set to continue with the legacy.

It is heartbreaking to see the old V8 naturally aspirated engine retired, but the new 3 litre inline 6 engine is fitted with two turbochargers to bring the power to 431hp and torque to 550Nm, which brings the car from 0-100km/h in 4.1seconds. That is nippy!

The M3 has 4 doors and the M4 has 2 doors. Right...So numbers aside the cars are really handsome. The test cars came in Austin Yellow and Yas Marina Blue. Loved the Blue, but the yellow may be subjective to taste.

The Carbon Fibre Reinforced Plastic roof brings weight saving and it looks terrific on the cars.

The cabin is well built and driver focused. The seats are supportive and snug with all the adjustable controls to fit just about anyone. The glowing M logo on the seat is a nice feature. No suede seats! Excellent! As it

is a nightmare to maintain with any children on board.

I was hoping for aircon vents on the seats, but that asking too much for a car that is trying to lose weight.

Maybe it is just me, but I am absolutely delighted to see my old friend the manual handbrake instead of an electronic one.

The 7 speed M dual clutch gear box is great to live with for city driving. BMW still offer the manual gearbox, which says a lot.

The iDrive system is able to show the Horsepower and Torque real-time, which is fun for your passengers,

the driver shouldn't be looking at that while driving unless you want to get into an accident.

The drive is really enjoyable, it is a car that is at home whether during track day or grocery shopping. A genuine all-rounder. At comfort mode there is even start-stop technology to save fuel. The new electric steering response and feedback is impressive, BMW have done a really good job of removing the synthetic feel completely.

Of course BMW is still sticking to their rear wheel drive philosophy, which also means that turning off the traction control in the rain is typically a bad idea.

The truth is that I still like the feel of a naturally aspirated engine for a rear wheel drive car; it gives me much more control of the throttle which translates to more precision and predictability. And oh how I miss the sound of the V8!

The optional carbon ceramic brakes the car came with it is superb, although I am sure the M compound brakes are equally brilliant for street driving.

For family with kids, M3 may still be the one to go for. Point to note is that the back seats of the M4 coupe is equally spacious and both cars have decent boot space.

If you are looking for an all in one daily driver, you can't go wrong with the M.

Register your interest at <http://www.munichauto-services.com.sg/> and you may be lucky enough to drive home the BMW X6 M for 6 months.



# Systema

No.1 Brand in Japan<sup>2</sup>

## SYSTEMA ANTI-BAC TOOTHBRUSH

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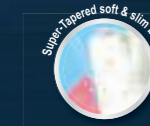
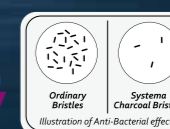
BACTERIAL GROWTH<sup>1</sup>



*Creative Visual Representation only*

Gum problems are caused by the build-up of plaque & bacteria. Designed using advanced dental technology from Japan, Systema Anti-Bac Toothbrush has charcoal-powered super-tapered soft & slim bristles that dry quickly and inhibit >99.9% bacterial growth on the bristles<sup>1</sup>. It can penetrate into deep spaces between teeth & gums, removing plaque effectively without hurting the gums.

Systema Anti-Bac Toothbrush. The gentler way to fresher, cleaner teeth and healthier gums.



<sup>1</sup> Based on test conducted by BOKEN Quality Evaluation Institute. Bacteria refers to Staphylococcus aureus and Escherichia coli. The bristles do not kill bacteria in mouth or protect you against disease.  
<sup>2</sup> Japan's No.1 Brand in Toothbrush Category, Based on Japan's INTAGE SRI Retailer Tracking Data Value Sales, CY2013  
<sup>3</sup> Japan's No.1 Oral Care Company, Based on Japan's INTAGE SRI Retailer Tracking Data Oral Care Category Value Sales, CY2013

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\* Based on 2011 Malaysia and Singapore Professional Tracking Study

\*\* For the full text of the Cochrane Review, please visit:

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010514.pub2/abstract;jsessionid=217E52E32B87ADA7C2AD66C3244DF12.F01t03>

Intended for dental professionals / academia only