Caught between increased scrutiny from the public and looming government legislation, general anesthesia in pediatric practices should be defended with clinical confidence.

If you’ve read or watched the news lately, you’ll know that pediatric dentistry has been making the headlines, and not in a particularly good light.

Recent unthinkable events involving injury and deaths of children undergoing conscious sedation or general anesthesia have put our daily practices under the public microscope. Skepticism by parents is further fueled by the media’s portrayal of dentists as being reckless and greedy—more now than ever. This increased attention has also made its way to state regulators and legislators, which means dentists who practice sedation are met with increased scrutiny. Perhaps this increased scrutiny is warranted and long overdue. Certainly, in some of these cases negligence occurred, and increased measures are needed to protect our most vulnerable population.

Should we should ready ourselves for sweeping changes in treating our patients with the use of conscious sedation and general anesthesia? If the answer is yes, then it begs the question, “Now what?” If you’re like me, severe early childhood caries is a daily battle where we are losing ground. The incidence of tooth decay in preschool-aged children is on the rise, and at the same time, there are increased challenges in treating young patients who have severe dental disease.

Challenges include the increased parental demands for atraumatic and painless experiences, changing discipline styles leading to more behavioral challenges in the dental office, and increased obesity in our pediatric population, which makes conscious sedation less safe, among others. We find ourselves stuck between a rock and a hard place, as public demands, government funding and parents’ expectations are not in line with the extent of disease pediatric dentists face daily.

On a personal level, recent reports of injury or death have led us to grieve for these parents and make me hug my children a little tighter. I cannot fathom the pain and loss those families have endured. For me, these events reinforced the importance in educating our patients and their parents on the importance of oral health and prevention, as well as a detailed risk-versus-benefit analysis.

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second opinion

analysis for any patient needing conscious sedation or general anesthesia. Moving forward, pediatric dentists and other dentists who provide sedation must be aware that increased legislation and regulation are likely considering the recent media attention to this topic. Despite negative media portrayal, conscious sedation and general anesthesia remain safe and effective and are a vital component in treating the most common chronic disease found in children.

When faced with the decision to recommend sedation for our patients, we should remain resolute in our training and experience, and be candid with our patients’ families about the inherent risks involved in not completing treatment or performing treatment without sedation. Is poor quality dentistry on a restrained, traumatized 4-year-old child a superior option than treating the patient appropriately with sedation? We know better, and our children deserve better.

Clearly, dental caries in preschool-aged children is not going away any time soon, and conscious sedation and general anesthesia will remain a foundation in successfully managing this disease.

See Dr. Kenneth Havard at the Dentaltown Learning Live: Beer CE

Join Townies in Portland, Oregon for the Beer CE Sept. 29–30. Havard will speak on building efficiency in pediatric dentistry. For more info and to sign up, visit dentaltown.com/beerce.