



Defining moments

The papers of this theme section of the journal are intended to give readers an up-to-date view of childhood cancer, and according to the statistics cited in Dr. Bleyer's overview, the disease will touch many of us at home or in practice.

Our intent in publishing this theme section and others to follow in future issues is to paint the emerging picture of a specialty in transition, a dental specialty not defined by a dental procedure or technique, but by the people it serves. Childhood cancer, pediatric AIDS and early childhood caries are three themes we hope will bring to the readership the changing and growing role of pediatric dentistry in general health.

Currently, our profession debates the method and process for recognition of specialties. We can't wait. We can't dwell on static definitions that ignore the dynamics of change in the children we serve and the growing complexity of their needs. My message to my colleagues is this. Debate if you must, but step aside while I advocate and care for the children entrusted to me. My recognition shines from the smiles of faces no longer disfigured by pain and neglect. My scope of practice encompasses the needs of my patients as they are known today and emerge tomorrow.

More and more of us will need to be ready to deal with the complexities of systemic disease and its treatment and how those impact oral health. We can choose to remain static, to wait until someone else decides that it is acceptable for us to treat a child in pain, develop an occlusion, or prevent another case of nursing caries.

Or we can act.

The clinical pathways being developed for various medical conditions will increasingly offer dentistry a place to render the highest quality care at the lowest cost. Whether it be a metabolic disease like that Frank Farrington and colleagues describe in this issue or pediatric cancer, the message is the same. Dentists need to become knowledgeable about all aspects of these serious ailments and dare to go beyond artificial and limiting definitions to improve the quality of life of our children.

Many of my colleagues haven't waited to be "recognized"; they've joined multidisciplinary teams, advocated for children in the halls of government and cared for them in clinics and offices. They're caring for infants infected with HIV. I encourage all of my colleagues to do what they've done, to expand their reach into areas of care and need beyond traditional bounds. We need not wait for our profession to grant recognition. Look into the eyes of any child you've helped and you will find it.

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