

Pediatric dentistry or premedicated pediatric dentistry?

SIX OF THE LAST eight issues of the journal of *Pediatric Dentistry* have contained articles dealing with premedication. This causes me to wonder if the title of our journal should be changed from *Pediatric Dentistry* to *Premedicated Pediatric Dentistry*.

Various authors have covered topics such as recommendations on which drugs to use, physiologic monitoring during sedation, anesthetic equipment, and parents' attitudes toward premedication.

Each of the author's efforts to contribute to the understanding of premedication and sedation is respectfully acknowledged. It is probably a coincidence that not even one issue of our journal in the last two years has contained an article on behavior management. George F. Will said, "We are given children to test us and make us more spiritual." Elaborating on his thought, what is tested in pediatric dentists is their attitude toward children and their perception of the child as a person, not as a motionless container of teeth in need of repair.

Coping with a child's problematic behavior requires that pediatric dentists have emotional strength, experience, knowledge, and intuition.

It takes time, courage, and effort to help youngsters develop coping skills and even more time to motivate children and their parents toward preventive practices. These are pediatric dental activities which bring lifetime benefits to the child and they are not easily achieved with premedication.

Pediatric dentistry must maintain its "ownership" of such behavior management techniques as tell-show-do, modeling, positive reinforcement, and desensitization. By not ensuring that these topics are included in our journal, we could lose that ownership.

Behavior management techniques are one of the specific skills that distinguish pediatric dentistry as a

unique specialty. Since we are entering an era in which children will require fewer operative and more preventive sessions, improved and more frequent use of nonchemical techniques will be essential to the progress and growth of our specialty.

Today, if one examines the pediatric medical literature, you will find that medicine is currently witnessing a rapid explosion in the understanding of child psychology and personality development as well as a better comprehension of the emotional and psychological factors influencing the pediatric patient.

We must possess some research in the area of dental behavior management that is parallel to the progress in the medical literature. Is it wrong to assume that such research is available, but for some reason is not appearing in our journal?

Numerous topics for research are available. Some examples are: emotional stress in parents as it relates to their child's treatment; the dentist's personality as a factor in child behavior; the implications of the semantics used to describe or predict a child's behavior, child-staff interactions; and the dental office and its effects on the child-parent-dentist triangle. Perhaps this letter and my few suggestions will be an impetus for the reawakening of a much needed constructive scientific dialogue.

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