



Dr. Archie Morrison

## CAOMS President's Message

Welcome to the July/August 2006 issue of *JCDA*, published in conjunction with the Canadian Association of Oral and Maxillofacial Surgeons (CAOMS). CAOMS is always pleased to partner with *JCDA* and have this opportunity to highlight some of the work our members accomplish, not only in the dental office, but in other areas of interest as well.

In that vein, I would like to discuss volunteerism by Canadian dentists. We don't need to look far to see this in our everyday practices and communities. I am always interested to read about dentists' extracurricular activities, in which they give their time freely to help others. Many of us are involved in organized dentistry at various levels — community associations, coaching minor sport, church committees, home and school and the list goes on. People and groups look to dentists to help with these activities and societal functions and generally get support from those of us who are asked. After all, we are in the service industry; even though it is our job, our primary goal is to care for people's oral health and we should never forget that. We are first and foremost in the business of oral health care and we are all well aware of the relevance of that to overall health.

I would like to focus on volunteerism outside Canada. Canadian dentists who volunteer their time to help people in less fortunate parts of the world are all around us and we may not even be aware of it. Some of us may not even know about the opportunities to participate in these "foreign aid missions."

When I graduated from dental school at Dalhousie in 1982, I learned of a Nova Scotia colleague a few years ahead of me who had gone to Botswana, Africa, for 2 years with CUSO (Canadian University Students Overseas), taking his wife and young family of 2 (and a half!) girls, to do volunteer work after he had been practising for 4 years. How could he afford to do this? Why would he do this? Adventure? Challenge? To see the world?

All I knew at the time was that I admired him and felt it to be a very generous gift of his time and expertise, not to mention the perhaps even bigger sacrifice made by his wife. Many years later, I would learn first hand of the real personal rewards in what he did.

Over the past 24 years, I have encountered many other dentists in Atlantic Canada who have gone on charity missions to all parts of the world. I know that many others across Canada have done and continue to do the same and many have gone on more than one occasion. Why are we so willing to do this? It costs us income, overhead, money to get there, time away from our office (without being on vacation), often time away from our families and perhaps some anxiety in going to a foreign place! I am sure that wherever any of us have gone we have left a mark and those people we helped will remember what the "Canadians" did for their community.

I cannot speak for everyone who has gone on these missions, but I will share what I have felt as a dentist volunteering time and effort in a foreign country. I am fortunate to have been part of a group that has gone to Vietnam 7 times in the past 8 years to perform cleft lip and palate surgery on Vietnamese babies, children and adolescents.

In the early 1990s, Vietnam opened its doors to foreign visitors, and foreign medical teams of various disciplines were invited and volunteered to visit to treat patients, pass along western knowledge and teach Vietnamese doctors. A well-organized government- and big industry-supported group known as the Japanese Cleft Palate Foundation was started by Dr. Nagato Natsume — a Japanese oral and maxillofacial surgeon (OMFS). Dr. Natsume had a keen interest in doing charity surgery missions for cleft lip and palate care all over the third world. One of the first places considered was Vietnam, perhaps due to the history between Japan and Vietnam in the Second World War and Japan's interest in humanitarian aid.

Dr. David Precious, my mentor and colleague, has had a career-long interest in cleft lip and palate and has become one of the world's foremost and recognized leaders and authors in this field. His encounter with Dr. Natsume at international meetings led to an invitation to put together a Canadian team to join the Japanese and expand the treatment capabilities for Vietnamese patients.



Local host, Dr. Viet with Canadian team members (l. to r.) Drs. David Precious, Reg Goodday, Archie Morrison and Lee McFadden.

He did just that and, in 1999, a group of us travelled to Ho Chi Minh City and formed a joint team with a group of Japanese surgeons and anesthetists to help these unfortunate people. A relationship was quickly established and bonds formed between the Japanese, the Canadians and our Vietnamese colleagues. Over the intervening 8 years, we have treated hundreds of patients and have visited each other in our home countries. One highlight was bringing our Vietnamese friends here to Halifax and taking them to a junior hockey game. I am sure they had never experienced anything like that in their lives; they still talk about it!

Getting to Vietnam takes more than 24 hours, usually with an overnight stay in Hong Kong or Japan. The time change is 11 hours from Halifax,



Typical waiting room as Vietnamese patients and their families wait for treatment by the Canadian–Japanese team members.

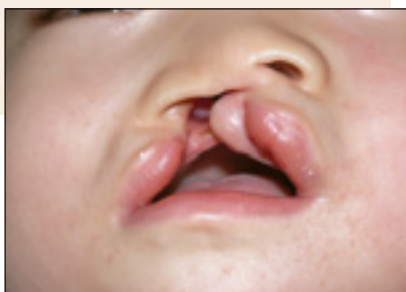
so jet lag is a given. However, air travel in Asia is a treat — very friendly airline staff, polite and accommodating.

Before our first mission, Dr. Precious had made an earlier trip to a rural location in Vietnam and spent 3 hours in detention in the Ho Chi Minh airport before being cleared to enter the country. The knowledge of this, coupled with the news of an American surgeon being killed in Ho Chi Minh just 3 weeks before our departure, had me asking myself, “Why am I doing this?”

The 1999 Canadian team included David Precious, Reg Goodday and me (all OMFSs in Halifax), Lee McFadden (OMFS in Winnipeg) and Dr. Michael Murphy (anesthesiologist in Halifax). Except for Dr. Precious, we didn’t know what to expect. We arrived on a Sunday night and the air was steamy, it was so humid and hot. The officials at the counters looked more like army guerillas than customs agents. There was no small talk or smiles from these folks! People were lined up outside the airport doors like rows of onlookers waiting for the arrival of a national celebrity. Because you weren’t allowed to wait inside the airport, this was how relatives greeted their loved ones. Our first encounter was with Dr. Viet, the female chief of maxillofacial surgery who would coordinate our mission. We found her so modest and charming that we all “fell for her” immediately and later found her to be one of the most skilled surgeons we had ever met.

After considerable delay during which we were unable to get into our rooms at a university residence, we were transferred to a hotel that would become our “home away from home” that first year and every subsequent year since. This proved to be a blessing in disguise as it was air conditioned, had Internet access, the staff spoke English and it was across the street from our hospital. Each year now we go directly to this hotel and meet up with our Japanese friends and colleagues.

On each mission, the first day after we arrive is spent screening patients. The hallway is akin to a waiting room at a busy bus station. Word has been sent out that the Canadian–Japanese team is there, and families bring their children for treatment from all over. Extended family members come along and are quite happy to stay in a room with 5 or 6 families together. Sometimes it has not been possible to operate on all the patients presenting and this is the most heart-breaking part of these missions. Because resources are not what we are used to, the most important part of our mission is



Unilateral complete cleft lip before and immediately after surgery.

to have a safe one and try not to overstress the staff we work with or push the limit on how many patients can be treated and recover safely.

The cleft lip and palate surgery model is ideal for a charity mission. Most patients are healthy (we screen them well the first day and refer those who require workup), the surgery is not major (blood is not required and patients can breathe spontaneously while asleep) and the results are immediate, permanent and dramatically change the life of the patient and the family. We operate for 7 or 8 days out of 9 or 10, saving the last day or so to see that the last

patients are recovering well before we leave.

Parents are so appreciative and cannot express in English how they feel, but the universal signs in the eyes of a mother are unforgettable. This year at a new hospital in a different province, the administrators arranged a forum at the end of the mission where parent representatives — one mother and one father — addressed the group through a translator and told us how they felt about the treatment their children had received. It was very touching and, I know it's a cliché, but it really does make it all worthwhile!

Every year, we cannot wait to get back there. The rewards of helping these people go beyond the tangible things that we look for back home. We are very lucky to be able to do these missions — both from a time and cost perspective. We pay our own way entirely and, although food and accommodations in Vietnam are not expensive, the travel to get there is. I can now appreciate why we Canadians volunteer our time in less fortunate parts of the world, plying the trade that we have become experts in. It's the good feeling you get from helping others. It's part of the same reward we get when we take pride in the daily work we do for our patients at home and know they appreciate our efforts. It brings us back to the reason we all joined this great profession in the first place.

The PGA golf announcers refer to Mike Weir as being “so nice and polite because he's Canadian.” Maybe we're all just nice and want to do something for our fellow people! Well, for all those who do charity work for others, thank you for giving Canadian dentistry a good name and for serving your country and serving others in need. ✦

*Dr. Archie Morrison  
President, CAOMS*

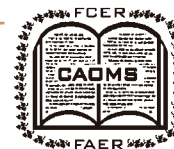


A young girl, 2 days after cleft lip repair, poses with her Canadian souvenir.



Dr. William L. Frydman

# Message from the Foundation for Continuing Education and Research (CAOMS)



## Mission

To contribute to the public welfare by advancement of the specialty of oral and maxillofacial surgery through research, education and the diffusion of knowledge.

## History

The Foundation for Continuing Education and Research (CAOMS) was originally chartered on November 24, 1988, as an affiliate of the Canadian Association of Oral and Maxillofacial Surgeons (CAOMS). It is a registered charitable organization that is dedicated to securing the future of the specialty and the welfare of the public through the facilitation of appropriate, scientifically validated treatment modalities. The Foundation is managed in accordance with its constitution and bylaws by a voluntary Board consisting of a chair, vice-chair, past-chair, secretary treasurer and 3 trustees.

To date, the Foundation has provided funding and guidance for many Canadian institutions. The areas of research that are currently supported include oral cancer, infection control/bacteriology, distraction osteogenesis, bone physiology, anesthesiology, sleep apnea, orthognathic surgery, facial pain, temporomandibular disorders, Botox and nerve physiology. All the academic institutions with graduate studies in oral and maxillofacial surgery have received awards or grants from the Foundation.

The vital benefits that research provides for our profession and patients include:

- the foundation for an expanding scope of practice
- quality of care and evidence-based care
- credibility and justification for our specialty
- scientifically validated treatments for our patients
- the establishment of innovative techniques and skills.

We would like to acknowledge the generosity and support of our Foundation sponsors, including KLS Martin, Straumann, Nobel Biocare, 3i and Stryker.

You can show your support by making a voluntary contribution to the Foundation and by supporting the corporations who help us. Please consider making a donation to enhance the quality and scope of care received by our patients.

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**Please support the Foundation for Continuing Education and Research (CAOMS)  
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