



Australian Society of Dental Anaesthesiology

Belisario Award November 2015

On the evening of November 12th, 2015, in the Lagoon Room of the Sheraton Mirage Resort and Spa, attendees of the 2015 ASDA Annual Scientific Meeting had the privilege of witnessing the Belisario Award being received by Dr Andre Viljoen. The Belisario is awarded every three years for outstanding and long term contribution to the development of Dental Anaesthesia in Australia. For more information on the Belisario award, there is the history of the award and list of recipients at <https://www.asda.net.au/history/the-belisario-award/>

We have included Dr Viljoen's acceptance speech below, which is well worth a read:

Dr Andre Viljoen:

Good evening, guests, friends and colleagues,

It really is great to be here, sharing dinner with you.

Greg, thank you for your very generous and kind words. In dentistry (unlike the movies!!) to be recognised and acknowledged by ones professional peers is often a once-in-a-lifetime experience, and the honour is not lost on me. I am deeply grateful.

[tongue in cheek] I am also grateful that the ASDA Council, in its wisdom, saw fit to make this award, whilst I am still *in vivo*, as opposed to *post mortem* – I refer to the fact that when someone like myself has a myocardial infarct, especially a STEMI, the outcomes are quite ordinary: one third of victims, will pretty much die on or near the spot. The next third, even though they receive treatment, will die within two years. The last third, will survive for several years or more, and may die from a variety of different causes!! I'm obviously not in the first group, but I could well be in the second group, so thank you for sparing my wife the ordeal of standing in for me.

A convention like this is a great opportunity to carry on about the future of sedation in dentistry in Australia. After thinking about this, I decided NO, I'm no longer clinically active, so my thoughts are no longer really relevant.

What I will say, however, is that now that I can reflect on what is past, I have asked myself the question: "which areas of dentistry have been the most fun, the most fulfilling, the most professionally rewarding and satisfying?" For the past 25 years, my day-to-day work-load pretty much comprised pulling things out, screwing things in and keeping my victims unaware, whilst I was doing it.

So:

- (i) with regards to dento-alveolar surgery – I really enjoyed oral surgery, especially in my younger years. Skilful exodontia is an art form, and I loved it! But as I aged, I began to realise that what I was really doing was deliberately injuring a patient (although, with the patient’s supposed consent) in the hope (my hope and their hope) that the benefits of the trauma that I inflicted would be outweighed by the outcome. When you think about this, in this day and age, what a great recipe for disaster! Sooner or later, expectations will not be met, and then complaint, litigation, DBA investigation, AHPRA investigation will be part of the brew, and for me the brew began to turn sour...
- (ii) with regards to implantology - I think that our profession has completely lost the plot when it comes to the prescription of implant reconstructions. We have gone from (in the 80’s through to the mid-nineties) working at a very high level of evidence, to rock bottom, “anything goes in 2015”. And, if the evidence doesn’t fit, why, doctor, doctor it!! Medicine too has its problems with regards to “research on the run” – look at Johnson and Johnson’ company, DePuy and their chrome cobalt hips!

What is really sad is that teaching institutions around the world, and some of their associated academia (who walk the great halls mouthing the words “evidence-based-practice”) are in reality nothing more than puppets, yes-men and women, hanging off the tits of the big Corporates and their huge funding.

Just to give you some idea as to the magnitude of the dental implant problem: currently, we have no data as to how big the problem of failing implants is, in private practice. However, we do have some startling data in the government funded arena.

The New Zealand Accident and Complaints Commission (ACC) is an organisation that looks after the NZ population when things go bad. So you get a tooth knocked out when you slip in a supermarket, and the ACC will come to the party and pay for an implant. They also have a life-time obligation to you, so they are VERY interested in long term outcomes.

A few days ago I got an email from a Dental Advisor for the ACC stating that they are currently funding remedial treatment, on-going treatment or complete replacement of over 15,000 dental implants at the cost to the NZ tax payer of multi-millions of dollars. Most of these implants were placed post-2000, i.e. they are moderately roughened or ANODISED implants. There is no medium to long term data on the outcome of anodised implants, and many of the other roughened surfaces have little long term data supporting their non-experimental use in man.

So has post 2000 implant dentistry caused me any stress – I’ll be frank – the gradual understanding of the magnitude of the lie that has been fed to myself and our profession in this area of dentistry has brought me to my knees.

- (iii) So what about IV sedation? – you know, anyone who is about to have some sort of surgical, endodontic or periodontic procedure carried out under local anaesthetic only, and who walks into the dental surgery and declares “I have no fear, no anxiety – go

for it doc” probably suffered some sort of brain damage at birth, because THIS IS NOT NORMAL BEHAVIOUR!! So..... taking an apprehensive patient, talking to them, cannulating them, sedating them, treating them, and later watching them emerge back into consciousness has brought me more enjoyment, happiness, more sense of self-worth than any other aspect of dentistry. And note I say ‘dentistry’ – sedation in all its forms, and I believe, anaesthesia, is an integral part of DENTISTRY. We should always have access to it.

In closing, I would like to thank you, for, in some cases, decades of friendship, interaction and support. For me, it is time to put the glass down, and walk away from it. For some of you, it is time to pick the glass up, look at the contents, and, I would suggest, do all that you can to modify the contents significantly.

Again, thank you.

Andre Viljoen