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# Editorial

## Are we responsible?

The coronavirus (CoViD-19) outbreak has highlighted human frailty. The social characteristics of the human race have raised it to the highest level in the animal kingdom but that comes at a cost. Sociability has made us vulnerable to contagious diseases and history records instances of prior pandemic/epidemic devastation. The black plague of 1665, the influenza outbreak of 1915, the SARS virus of 2003 and the H1N1 (swine) flu of 2009 are examples of the world succumbing to sustained microbial attack. Medical knowledge regarding the causation of disease has increased with time so that the microbiota, cellular and molecular mechanisms are highly understood. Treatments have been identified to manage and mitigate the disease processes, yet new pathogens are arising and the transfer of animal vectors to humans is becoming apparent.

The Director-General of the World Health Organisation, Tedros Adhanom Ghebreyesus, has reminded us of global ill-preparedness to avert the latest CoViD-19 outbreak. The response has been better than those which occurred during past viral pandemics and health systems are continuing to learn while millions of dollars are being spent on containment. However, there have still be many lives lost, and economic and travel disruption through the lock-down of cities and countries to limit the disease effects. Will efforts be directed at the supposed underlying cause of the current pandemic so that long-term changes may be made to human behaviour?

Can the CoViD-19 issue be translated to orthodontic practice? The medical and dental fraternities have been aware of infection control and the prevention

of transmissible diseases for a long time, particularly since maternal septicaemia was associated with childbirth as a result of unwashed hands. Guidelines provided by dental and orthodontic societies are available to assist practitioners in establishing and maintaining a safe and clean clinical working environment. Sterility of an operatory is impossible but a reduction of the microbial load is achievable by attention to the advocated procedures. Complacency in the execution of infection control measures has no place in contemporary clinical practice.

Look what is happening globally as a result of the recent viral outbreak. People are wearing masks that have been rendered in short supply. Hands are being washed with increasing regularity, surfaces in public places are being wiped down with disinfectant and people are being asked to avoid crowded places. The world has become one big clinic as these simple measures have been adopted by most countries seeking precautionary protection.

Yet breeches occur and health care workers have contracted the current viral infection from infected patients. This graphically indicates that the transmission of disease is a two-way street and clinicians as well as the public are at risk. While the young, old and medically frail patients are most susceptible, the treating clinician, whether medical or dental, places herself/himself in a vulnerable position and so continued awareness, vigilance and cleanliness are an ever-present requirement. After all, infection control measures are provided for your protection as well as for your patients.

**Craig Dreyer**