Ramon Humeres
DDS HBsc

Canadian Dental Relief International in Thailand

Why treating patients is not enough

The old man's days were obviously numbered. His carcinoma had spread to half of his hard and soft palate and to deep within the maxillary sinus – an end to a life of chewing beetle nuts. In 35 years of dentistry I had had the good fortune to never encounter a patient with a squamous cell carcinoma – until I saw this man. His visit occurred in a hospital for Burmese refugees in Thailand, during the latest humanitarian project of our group Canadian Dental Relief International (CDRI), and with it we experienced the cruel reality that hurts health-care workers the most – being unable to do anything for the patient. The local medic in charge of the dental clinic had brought the man in as a last hope that maybe we, with our proper Canadian dental training, could do something for the unfortunate patient. But we couldn't, and we felt useless and incompetent to have to give the patient the news.

CDRI is composed of Dr. Rolf Kreher, Dr. Brian Eckert, Dr. Ramon Humeres, and their spouses. For the Thailand project, the group was also accompanied by Mathew Kreher, a fourth-year dental student at Western, and Sarah Kreher, a nurse at St. Michael's Hospital, who helped with assisting and general duties.

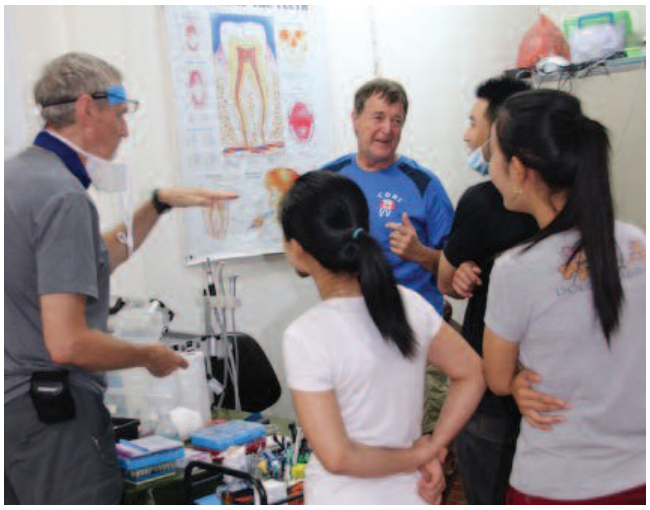
Early on in the history of CDRI, we realized that it was not enough to just work on patients who cannot afford proper dental care and who live in marginalized areas of the world. While we can bring relief to hundreds of people over a two-week period, once we return to our cozy dental practices, nothing really changes for those left behind. For this reason, all of our six humanitarian dental projects have had two main goals.

- First, to treat patients with up-to-date standards, techniques and materials, such as we find in our own dental practices in Canada.
- Second, to train local health workers, dentists and medics, so that the community left behind is a little better off than when we arrived.

This second objective is quite challenging, since it depends on many variables. First, it depends on the previous training of the local health-care workers; second, the level of communication; third, the equipment and materials available for the community; and last, the length of time available for the training.

During our projects in Ecuador in Piñas (2012) and Salinas (2014), we worked with hospital dental workers and recently graduated dentists respectively, which provided a fairly high level of training and upgrading of techniques, knowledge and philosophy of treatment. When we left, we felt confident that some of that interchange of ideas would have a lasting effect in the improvement of dental care for the communities.

On the other hand, the dental workers in our two projects in Guatemala had very limited training. Some had



From left to right: Dr. Brian Eckert and Dr. Rolf Kreher instructing local medics ("I call them 'dentics'," explains Dr. Humeres) Moe Chan, Eh K' Lu and Eh Paw.

From left to right: Moe Chan, Eh Paw and Dr. Ramon Humeres discuss treatment.

From left to right: Eh K' Lu, dentic in charge of clinic, Dr. Rolf Kreher, supervising treatment and Moe Chan.

only a very basic knowledge of dentistry, which they acquired in the jungles during their country's civil war. In those projects, our instruction was limited to basic knowledge and techniques on extraction and local anesthesia. Although we tried to instruct the workers in some basic restoration techniques, we later found out that restorations were not continued after we left. In retrospect it is understandable. Dentistry is a very complex field, and without the continued support and availability of materials, certain procedures could not be kept up.

On all of our projects in Latin America, we had the advantage of having in our group people fluent in Spanish. This helped tremendously with the interchange of ideas, expectations and the teaching of prevention, and for instruction in technical concepts. On our last project in Thailand, we did not have the luxury of knowing the language, and it became very difficult not only to teach, but also to understand the idiosyncrasies of the culture.

For example, the Burmese people's desire to be agreeable and non-confrontational gave us the impression that the staff understood what was being communicated to them; however, in reality many times they did not. Also, given their disposition and mannerism, we assumed that the female staff members of the clinic were support staff. We were unaware that they were medics with previous basic dental training and were doing extractions before our arrival. Language is also essential for teaching, and although we were grateful for the translation provided by some of the dental staff, it was modest and not at the level necessary to facilitate teaching.

The other variable is the capacity for the community to obtain the materials needed for the techniques and procedures being taught. This becomes important when planning the curriculum, in order to be in concordance with the economic realities of the community. Any technique or procedure that requires the acquisition of expensive materials will be a failure. While we always leave behind all our materials and supplies for the community, we don't know what will happen after they are used up.

As a final variable, the duration of the project will influence the objectives of the teaching. Due to our time limitations, each project usually runs for two weeks – definitely not enough time to convey the teachings that we would like in an appropriate way. Nevertheless, a little is better than nothing. At the end of these humanitarian projects we always feel that we have not only improved the immediate lives of those we treat, but that we have also left some knowledge behind, to help the communities help themselves.

Dr. Ramon Humeres graduated from the University of Toronto's Faculty of Dentistry in 1980, and since then has worked in private practice in Toronto. He obtained an Honours Bachelor of Science with high distinction in Archaeology in 2009. Dr. Humeres co-founded CDRI with Dr. Rolf Kreher, Dr. Brian Eckert and the late Dr. Frank Yung. CDRI has had eight humanitarian dental projects in Latin America and South East Asia. Dr. Humeres may be contacted at humeres@rogers.com.

From left to right: Eh K' Lu, Mathew Kreher and Dr. Ramon Humeres discussing treatment options at triage.