

From: michael Zhuo [REDACTED]
Sent: Wednesday, 14 September 2016 9:47 a.m.
To: Consultations
Subject: Suggestions

Hi Marie,

I have fully read thru the proposals regarding IV sedation. It's good to know the council is very aware of this part of the dentistry. Here's a little bit of information about me: I have been working in a few areas with very different demographics and SES-----Thames, Papakura, Howick. My IV sedation training was completed back in 2014, and I have been practising IV sedation ever since. My practical sedation skills were mainly taught by another clinician, [REDACTED] who has many many years of sedation experience up his sleeves.

I truly believe IV sedation is an invaluable tool for anxious patients. Especially with cost and safety concerned of. I've had many patients who do not come to the clinic because they are genuinely scared of the dental procedures. Many people just can not stand the thoughts of needles being put in their mouth, or drilling, extractions, etc etc. Such phobia only makes matters worse as a small problem can accumulate into much bigger issues. I have seen this way too often, and it usually becomes a huge financial and health burden for this kind of patients. On the other hand, the only other alternative to IV sedation would be the much more expensive and much riskier procedure of GA, which many patients unfortunately just can not afford, and it bears much much more inherent risks. Not to mention the procedure is very disruptive to the daily routines of many patients.

I firmly believe IV sedation is, and will always be a safe, affordable, comfortable procedure which many patients can benefit hugely from, if practised with care.

Here are my thoughts on the points:

Q1. I disagree with the team approach. As the 3-person team often can be hard to organise especially in a small grouped practice. I really doubt a third person would provide any real extra benefits as most of the oximeters have alarm settings and the readings are easy to read and to understand. Having another extra person being in the clinic adds cost to the procedure as no practice can magically find an extra person JUST for the sedation procedure. What would this 3rd person do in the practice apart from monitoring sedation??? Especially if sedation is only being carried out a few times a month. It is not practical to hire a 3rd DA just for this. It will be a burden for the practice-----we are talking about 50 thousand dollars salary per year. Eventually some dentists may opt out from sedation, and patients will suffer in the end. Our fee for sedation is 300 dollars, and patients are rather ok with this figure. If the fee goes up to 500 or 600, people are going to walk away from it, which is not good for their dental health for the very least. Another alternative approach is to have a third person available for the first 10 or 15 cases. I understand DCNZ is looking out for the patients. But, if the rules are too stringent to follow, this would only make dentistry even MORE unaffordable for patients. If patients start walking away from treatment because of cost, I don't think this would be in line with the initial intention from DCNZ to look out for our patients.

Q2. I agree with the proposal 2, 3 for formal education. I do think having some IV sedation related training for DAs would be beneficial as DAs often come from non-health care related backgrounds. But the course needs to be fairly straight forward as the DA's duty mainly involves reading the oxi-meter and the vital signs of the patient, which a lot of that comes from practical experience, not training. It would be helpful to issue a DA with a certificate of IV sedation observation-----before they can formally assist, they need to observe for 3 times.

Q3. I agree with proposal 4.

Q4. I agree with proposal 5. 4-yearly update of the resus license is too long. We often forget things. Bi-annual update would be beneficial, but the cost needs to be reduced for such training. Maybe DCNZ can figure something out???? We don't want to turn people away from doing sedation because of the cost. This cost is eventually added onto patients. If IV sedation becomes too expensive, patients will not commit to it.

Q5. I think there should be a sedation refresher course which is compulsory to all practitioners doing IV sedations. Interval needs to be decided on. But the course doesn't need to be complex, it will just be a refresher one which brings important updates to clinicians. The cost once again needs to be reasonable. Bear in mind it's only a refresher course. Also to get the initial certification of the IV sedation, I think barely having observation is not enough. There should be supervised IV sessions with an experienced sedationist/dentist.

To sum it up. I strongly support the council's decision in updating the standards and also keeping IV sedation legal in NZ. Patients will benefit a long way from such decision. It is a safe drug if practised with care. IV is much safer than oral sedation because we can gauge how much drug is being put in. It is also much safer to administer than most drugs we use in GA. The last thing we want to see is IV sedation disappearing from normal day dental practice.

Yours sincerely
Michael Zhuo
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