Providing basic oral healthcare for displaced persons

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CONTEXT

The world is witnessing an era in which the scale of global forced displacement is increasing. According to the United Nations High Commissioner for Refugees (UNHCR), by the end of year 2017, 68.5 million individuals had been forcibly displaced worldwide as a result of persecution, armed conflict, generalized violence, natural disasters, famine, and economic changes. Almost 25 million of them were refugees, 40 million were displaced internally, and 3 million were asylum-seekers ¹.

Displaced persons are among the most vulnerable groups worldwide. They have limited access to both preventive and therapeutic dental care. The consequences of untreated tooth decay and dental emergencies include pain, dysfunction, systemic illnesses and poor quality of life. Barriers to dental care among displaced persons include high cost of dental treatment, lack of dentists and dental insurance, as well as language barriers in the case of displaced persons abroad, including asylum seekers²–⁵.

SCOPE

Governments, judicial and legislative institutions should recognize that dental professionals have the duty to provide dental care based on clinical urgency and need rather than political, religious, ethnic or civil status. Neither governments nor legislative bodies should prevent or impede this duty. Non-governmental organizations should be encouraged to intervene in this public health emergency. All stakeholders should actively contribute to United Nations Sustainable Development Goal 10: “Reduce inequalities”⁶.

DEFINITIONS

Displaced persons are defined as persons or groups of persons who have been forced to flee, or leave, their homes or places of habitual residence as a result of armed conflict, internal strife, and/or habitual violations of human rights, as well as natural or man-made disasters involving one or more of these elements¹.

PRINCIPLES

All people are equal in their right to access oral healthcare.

All people, including displaced persons, should have access to appropriate medical and dental care without prejudice or fear of discrimination.

POLICY

FDI

• emphasizes that regardless of political, religious, ethnic or civil status, displaced persons require appropriate, basic oral healthcare, conditional on consent and bound by confidentiality;
• recognizes that displaced persons may be more susceptible to discrimination and neglect, and that appropriate treatment shall be provided by dental care professionals when clinically indicated. The necessary treatment may not be withheld or diminished on non-clinical grounds;
• recognizes displaced persons as a vulnerable group that often have high treatment needs and multiple barriers preventing their access to appropriate and timely dental care;
• notes that displaced persons may not have access to adequate and continuous care. Thus, when possible, appropriate treatment plans should be made to ensure sustainable and effective clinical outcomes;
recognizes that dental professionals have an ethical commitment to provide oral healthcare to all people, including displaced persons;

recognizes that dental professionals need adequate time and sufficient resources to assess clinical, physical and psychological needs of displaced persons;

stresses the importance of full cooperation and coordination between governmental and non-governmental institutions working with displaced persons, and local dental associations in order to provide the appropriate dental care to displaced persons;

encourages dental associations to promote the right of all people, including those who are displaced, to receive necessary and appropriate evidence-based dental care on the basis of clinical need;

discourages legislative and civil practices that limit access to appropriate dental care for displaced persons;

encourages dental schools to prepare dental students to be competent and confident in meeting the challenges faced when treating displaced persons;

encourages host countries, in collaboration with local dental associations and with the support of governmental and non-governmental organizations, to develop preventive and therapeutic strategies and interventions to reduce the oral disease burden among displaced persons;

calls for a global approach to meet displaced persons’ healthcare needs that includes oral health as an essential component. Strategies to treat appropriate dental needs and prevent further disease among displaced persons should be included in such an approach.

KEYWORDS

displaced persons; ethics.

DISCLAIMER

The information in this policy statement was based on the best scientific evidence available at the time. It may be interpreted to reflect prevailing cultural sensitivities and socio-economic constraints.

REFERENCES


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