

# “We are the ones who can determine if injuries are accidental or intentional”

## INTERVIEW

Dr. Curtis Goho is a retired pediatric dentist with more than 35 years of professional experience, and one of the lecturers at the Jona — Center for Pediatric and Adolescent Dentistry. Originally part of the U.S. Army Dental Corps, Dr Goho served as a pediatric dentist for families of American soldiers stationed in Germany, and has spent his professional career treating patients worldwide: in locations as far flung as the Arctic Circle (Alaska) to the Iraqi Desert (Baghdad). He now passes on his wealth of knowledge and experience that he has gained, through the advanced training courses at the Jona Center.

**Dr. Goho, can you please briefly describe your professional background?**

I completed a Bachelor of Science degree at Davidson College, North Carolina; then I was trained in dentistry at West Virginia University, after which I served as a General (Family) Dentist for the US Army in Germany. Hence, my initial exposure to “Deutschland”. After returning to the USA, I trained in Pediatric Dentistry at Madigan Medical Center. Our training for the specialty is different than here in Germany, for us it is a full two to three years of training in all aspects of pediatric dentistry, pediatric medicine, anesthesiology, oral and nitrous oxide sedation and more. It involves eight to ten hours per day, five to six days per week for those two to three years, so the training is very intensive and comprehensive. I then returned to Germany, again as part of the US Army Dental Corps, as a Pediatric Dentist for the family members at various military bases. I became a Board Certified Diplomate of the American Board of Pediatric Dentistry in recognition of my education, experience, and expertise. I have authored numerous articles on the specialty, written and contributed to textbooks, lectured extensively, and was also honored with the Walther Engel Preis in International Dental Education from the Karlsruhe Akademie for Dental Studies. I was back and forth between the USA and Germany with a full career in the military as a children’s dentist, and then I retired here in Germany. I now work to advance children’s dentistry in Germany and Europe through lectures, seminars, and “Praxis Supervisionen/Coaching”, and still finding time to enjoy the wonders of Europe and Germany (more so once the Corona crisis is over!)



**How did you come to specialize in pediatric dentistry?**

I first had training in pediatric dentistry as part of my basic general dentistry education at West Virginia University and loved the diversity and challenge of treating children. I believe that the best specialists are those who also have knowledge of general dentistry, so after general dentistry for a few years I obtained my specialty training. I like the idea that pediatric dentistry is the only specialty that is defined not by “what” we do, but “who” we do it to. Therefore, in pediatric dentistry one still does everything: restorative, oral surgery, prosthetics, perio, endo, orthodontics, as well as general anesthesia cases in the Operating Room and social intervention in child abuse and neglect, treating handicapped patients, cleft palate patients, the psychologic management of both the child and the parent — so, everything. It is never boring! And it is always fun. My career has spanned over 35 years of clinical care, and it continues to be exciting.

**Did you initially practice dentistry in the US?**

As above, I have practiced in both the USA (Texas, Virginia, Washington) both with the US Army and also treating children in private practices, as well as in Germany with the family members of US soldiers. My career and my pediatric dentistry has taken me to such extreme locations as Point Hope, Alaska, north of the Arctic Circle, to Baghdad, Iraq, in the desert. I have treated patients from so very many geographic, cultural, and social conditions along the way.

**And how did meet Mrs. Nagy and join the Jona training?**

Josephine Nagy heard of me through my seminars that I give in Germany and asked me if I would give some through her organization. I gladly accepted the opportunity, because she has a very progressive way of bringing dental education to dentists in Germany. She is very open to new methods, such as courses on CD's, Webinars, as well as traditional in-person learning. She is always thinking of new, better ways to do things, and that appeals to me as a pediatric dentist, where one must always be ready to adapt to a new situation.

**What is your take on pediatric dentistry. What is it capable of or what can it achieve and where does it also end?**

Pediatric dentistry is a way to truly make a difference. Along with “filling teeth” we also educate children and parents—not just in dental matters—but also in ways of life. That some experiences might at first seem scary, but in fact are actually fun. That parents can and should trust professionals with their child's care. That there is always someone there to take on the challenging cases such as handicapped patients or those with disabilities. Not every general dentist is willing to do that, I must unfortunately say, and we pediatric dentists fill that role. We are far, far more than just friendly dentists with Mickey Mouse posters on the walls ...

Where does it end, you asked, well, our limits are often on what parents allow us to do. Often parents are overprotective (“Helicopter Parents”) and if we cannot convince them to trust us and what we do, our best efforts are limited. I think that is the major obstacle to maximizing what we do. Of course, with that goes the obligation for a children's dentist to be fully trained and capable—thus, the need for proper education and continuing education for dentists in how to manage and treat children.

**You specialized in dental aspects of child maltreatment within pediatric dentistry. Could you please elaborate on this?**

Actually, it is not so much a specialization, but rather a vital part of the role of a pediatric dentist. Over the years, I have had pa-

tients that were victims of child maltreatment—neglect and abuse. It is unfortunately a part of life that is often ignored. I chose to not ignore it, and work with these children. Then, as I became known for expertise in this area, I was referred various patients also. I have dealt with numerous cases of child neglect and child physical abuse. Since over 50% of child physical abuse injuries occur in the head, mouth, and face region, is becomes “our sector” so to say, for pediatric dentists. We are the ones who can determine if injuries are from accidents or intentional injury. I have also been involved in multiple bite mark injury cases as part of child abuse. All too often, dentists, including pediatric dentists, ignore this part of our profession, either because of lack of real training or fear of getting involved. And then we are part of the problem instead of the solution. These children need advocates, and that is our responsibility. At one time, this was a “Taboo Thema” in dentistry, but now it is accepted as something dentists, especially children's dentists must master, and therefore I continue to provide seminars on this subject, based on my many real-life experiences, to help dentists know what to do when they encounter such a patient.

**Based on your broad experience, what has changed over previous decades in terms of how pediatric dentistry is practiced and taught? What is your focus today when teaching the practice of pediatric dentistry?**

Well, one major demographic change over the past decades is that pediatric dentistry was a male dominated profession. Now it is majority female pediatric dentists. That was never the case in Germany, for pediatric dentistry was for many decades unknown or unwanted in Germany, and only in the past years has it been accepted in Germany. So, here it is from the onset, it has been mostly female dentists. I find that just fine! The changes in how pediatric dentistry is taught involves more emphasis on hands-on training and not just academic training. I hope it is ok to say this, but Germany is still playing “catch-up” in that regard, but they are getting there. What practitioners want is not long lectures on some esoteric academic scientific study, but rather how to do things in real-life situations! My focus has changed on how I teach. 30 years ago, children's dentistry in Germany, for example, was pretty much unknown. So my teaching then was on the basics. Then it became just a “weibliches Hobby” (those are not my words, but what has actually been said in the past), and my teaching was on specific techniques and also to show that it was something for both men and women. Now pediatric dentistry is very accepted and desired, and the basic education “curriculums” are in place. All of this is good. So my goal now is to try to bring the children's dentists to the “next step” with more advanced techniques, more than the basic education, and always to give an understanding of “why” we do what we do—for that is the mark of a true professional. I hope to do that as long as my efforts are wanted, because it has been a pleasure seeing the specialty grow so much.

**Thank you for the interview.**