When I was invited to write this editorial, I was asked to pick a trending topic in paediatric dentistry. While there are quite a few current areas of focus in paediatric dentistry such as early childhood caries and its prevention, silver diamine fluoride, molar incisor hypomineralisation and aesthetic crowns, I chose the topic of my editorial because it addresses a neglected minority of the population. I think that, during my career as a clinician and academic researcher in paediatric dentistry, working with children that have special healthcare needs has been one of the most passionate areas of expertise I have in contact with.

The American Academy of Pediatric Dentistry defines special healthcare needs as “any physical, developmental, mental, sensory, behavioural, cognitive, or emotional limitation or limiting condition that requires medical management, healthcare intervention, and/or use of special services or programs”.1 This includes, although often forgotten, special dental needs and oral health needs in relation to dental caries, trauma and anomalies.

These children miss out on dental care from dental providers for many reasons. Based on my research in Jordan on dental trauma in children with special needs, reasons for parental barriers to seeking dental treatment can be summarised into the following: financial limitations, poor parental attitude and lack of dental awareness by parents, difficulty securing an appointment and lack of availability of dental clinics willing to see them. The last reason was the most significant when compared with a control group of healthy children.2

Based on these findings, I believe we need to improve training in dental schools and need programmes to teach students how to treat such patients, from behavioural aspects to special skills and techniques in their treatment. These patients are missing out owing to our educational systems and undergraduate curricula in part. However, our lack of time or enthusiasm to understand their needs and their lack of ability to assert their right to dental care also add to the problem. These patients should not be forgotten, as they form a significant portion of the population. In the Hashemite Kingdom of Jordan, in 2000, there were 819,000 persons with disabilities among the total population of 6.5 million, constituting 12.6 per cent of the population.3 The most recent national statistics from the Higher Council for the Rights of Persons with Disabilities indicated that there were 40,259 Jordanian children aged 0–18 years with special healthcare needs who were diagnosed between 1990 and 2009.4

I am very grateful in this regard to my clinical supervisor in paediatric hospital dentistry at the Royal Children’s Hospital in Melbourne in Australia for putting me on track and involving me in a research project during my second-year residency on the oral health and barriers to treatment by rehabilitation clinicians. I have since then done considerable work in this field in dentistry, through community outreach, research and conference presentations.

In my private clinic at Jordan University of Science and Technology and at the outpatient clinic at King Abdullah University Hospital, both in Irbid in Jordan, nearly 5 per cent of the patients we receive are children with special healthcare needs, including conditions such as cerebral palsy, neurodevelopmental disorders (autism spectrum disorders, attention deficit/hyperactivity disorder), Down’s syndrome, intellectual and motor difficulties, sensory impairments (vision, hearing) and developmental delays. The most common heart-breaking statement I hear is “nobody was willing to see our child”. This despair in the parents’ eyes is unfair. We need to do something about this!

Editorial note: A list of references can be obtained from the author.