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PRIVATE DENTAL PRACTICE: "MILLSTONE AROUND THE NECK"

Dental Science

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ABSTRACT

Dentistry is a dynamic discipline, progressing leaps and bounds with innovative novel technologies and inventions. Today, dentists are the front-line medical professionals in prevention, early detection and treatment of oral as well as systemic diseases. India is now the much sought after destination for dental tourism. Despite optimism about startling advances in Indian economy, Indian dentists are feeling the pinch and various bottlenecks in practice prospects of private clinicians exist. The present review attempts to highlight why such paradox exists by exploring the trajectories of oral health inequity in India and also suggests the possible corrective measures to intercept this catastrophic situation so as to reach the pinnacle of excellence in order to provide comprehensive (preventive, promotive, curative) oral health care services.The urgent call of the hour is to become faithful stewards of commitment to escalate Indian dentistry to its zenith.

KEYWORDS:

Oral Health policy, WHO, BPOC, Public-Private partnership, ESI

INTRODUCTION

'A journey of a thousand miles begins with a single step.' - Lao Tzu

Dentistry is first and foremost a healing profession, providing benevolent care. The overriding goal of dentistry is to maintain or improve quality of life of the patient. (Kenneth J. Anusavice, 2003) Today, dentists are the front-line medical professionals in prevention, early detection and treatment of oral as well as systemic diseases.

Dentistry has experienced a roller-coaster ride, ranging from toothache being considered as a curse from God to incoherent art performed by barber dentists to ultimately blossoming as one of the most advanced science. Historic evidence suggests its existence in India since 3000 years ago. Ancient medical literatures, such as Ayurveda and Susrutasamhita recounted treatment of diseases of oral cavity. (Hoffmann- Axthelm W., 1981) Dental education in India was formally established some 91 years ago, when the first dental college was started in Calcutta by Dr. Ahmed in 1920. (Tandon S., 2004) Since then, many notable events in the development of art and science of dentistry took place. Our profession has witnessed largest no. of advancements - Lasers, Rotary Endodontics, CAD/CAM, Digital Imaging, Implants……..the list is endless!

Despite optimism about startling advances in dentistry, there are myriad problems currently faced by private practitioners in India. After putting years of devotion and painstaking efforts in dental schools, most of us have high expectations of earning substantial incomes, working five days a week, being our own boss and finding joy and satisfaction from serving humanity; what can be assumed as *'holy grail of dentistry'*. Ironically, as with fabled knights of Arthur's court, many are soon disillusioned and only a few actually obtain the reward. Biggest questions of the hour resonate, 'Why is the contemporary brigade of private practitioners in dilemma?' 'What to do when there is hefty mushrooming of young dentists budding at a pace of approx. 25,000 per year?' 'How dentistry is one of the highest paid professions in developed countries (Forbes, 10 best paying jobs in America. n.d.) whereas in India, dentists wallow around mediocrity?'

'Private Practitioners: On the road to success….or a blind tunnel???'

There are innumerable imperfections (Fig. 1) that need to be voiced out and summoned rather than inviting procrastination and reflection. The spotlight of present review highlights why such paradox exists and also suggests the possible corrective measures to intercept the grave situation of private dental practitioners in India.

Fig. 1- Challenges in Private Dental Practice

STUMBLING BLOCKS FOR PRIVATE PRACTITIONERS

1. Socio-Economic dynamics-

What is the first key to any successful practice? It all starts with **PATIENTS!** While the economy is up in the air; oral health is still an overlooked component among Indians. Although, quality of dental care in urban cities is at par with western countries, a significant proportion of population still does not seek dental services on a regular basis. Due to the mortal peril of ignorance, patients feel the fear of pain and economic crunch of dental treatments. The result of this squeeze is, rather than taking a proactive approach, patients cross their fingers anticipating that dental neglect won't haunt them. They approach dentist only when faced with a crisis, as a 'last option' and not as a 'first reaction'. Common obstacles paralyzing Indian mentality are the prevailing myths regarding utilization of dental services; like tooth extraction leads to loss of vision, oral prophylaxis cause loosening of teeth, eating tobacco prevents caries, cleaning teeth with finger using brick powder or with neem sticks is better than with a toothbrush. A survey conducted by IMRB (2009) International for Colgate-Palmolive (India) L. highlighted shocking revelations that 67% Indians have never considered a dental check-up and merely 2.5% visit a dentist at least once a year, compared to global average of 48%.

2. Geographical Imbalance-

The most exorbitant challenge in Indian framework is mal-distribution of dental surgeons geographically, leading to enormous and widening disparities in access to dental care. There are approximately 300 dental colleges in India and annually 25,000 graduates pass out including 5000 specialists. (Gambhir & Gupta 2016) If the present situation continues, there will be more than 1 lakh dentist's oversupply by the year 2020. (Vundavalli, S. 2014) Furthermore, alarming ***'urban-rural'***

inequalities in dentist to population ratio is quite evident, which in urban areas is 1: 9,000 whereas in rural areas miserably 1: 2, 00,000. (Healthcare and Dental industry in India, IDA, n.d.) With most new dental surgeons trying to get a foothold in metropolitans, urban and suburban areas, this mushrooming of dental clinics has led to congestion, intense marketing and unhealthy competition amongst the practitioners, with profitability overriding equality and rationality of care often takes a back seat. Scathingly, while dentists seem to be springing up everywhere, patients seem to be drying up!

3. Govt apathy

Dentistry faces greatest challenge regarding accessibility of its services in India. As recommended by WHO, health for all is possible only when every country spends 5% of gross national product (GNP) for healthcare but India is spending only 3%. Health expenditure by GoI is amongst the lowest in the world. (Srinath R., 2011) Oral health policy, formulated way back, is a bleak picture even today. A woeful and persistent lack of primary healthcare is the major missing link. Not even 20% of rural PHCs have a dentist. (Tandon S., 2004) During the implementation of National Oral Health Care Programme in pilot phase, it was perceived that most of the times our policymakers give oral health last priority. (Prakash H. & Shah N., 2001) They are inadequately informed about the burden of oro-dental problems due to lack of dentists in govt decision–making bodies, leading to step-motherly treatment for dental public health programmes.

4. Corporate Dentistry-

The biggest jeopardy dental profession is suffering presently is the emergence of Corporate dental chains. India is now a promising destination for dental tourism. It forms 10% of total medical tourism industry with estimated growth into INR 95,000 million by 2015 (Healthcare and Dental industry in India, IDA, n.d.) that paved the path for birth of Corporate dentistry.

What is the malevolent side of Corporate Dentistry? An inquisitive glance through practice guidelines formulated in the Dentist Act of 1948 beckons, '51. *(1) The profession of dentistry shall not be carried on by a company of other corporate body. (2) The provisions of sub-section (1) shall not apply to— (a) a company or other corporate body which carries on no business other than the profession of dentistry or some business ancillary to the profession of dentistry and of which the majority of directors and all operating staff are registered dentists.'* (Dentists (Code of Ethics) Regulations, 1976) Paradoxically, this provision has been highly violated as majority of CEO's and directors of these corporate houses are not dentists.

Majority of corporate dental clinics run on crisp business protocols. A bandwagon of eye-catchy advertisements creates brand names, engendering sparkling glitz and glamour to entice patients. They have regular meetings to take account of their incomes and strategies to play the game of 'up selling' treatment. Dentists are supervised by non-medical administrative staff and are under constant pressure to meet financial targets even if it cost ignoring the best interests of patients, thus taking human emotions out of dental equation.

5. Dental Quackery-

Quackery is a major stigma to dental practice in India. The Oxford English Dictionary defines quack as "An ignorant pretender to Medical skill; one who boasts to have knowledge of wonderful remedies; an empiric or an impostor in Medicine." (Ring, M. E. 1998) These quacks open street-side clinic and treat patients on footpaths amidst the highly pathogenic environment. They create havoc by following ludicrous practices with their half-baked knowledge, without practicing the tenets of asepsis, henceforth endangering patients against blood-borne pathogens like HIV, HBV or HCV; challenging the very essence of *"Primum Nil Nocere."*

Reports accentuate that there are about 2,500-3,000 dental quacks in Delhi alone. These quacks cater to lower socioeconomic classes. The inexorable truth is that dismally less than 2% dentists are available for 72% of the rural Indian population (Suruchi Dogra K et al, 2015) thereby providing an ideal breeding ground for quacks to flourish their business. They are parasitic competitors giving qualified dentist a run for money and saturating the market niche.

6. Self-medication-

In 1980s, WHO approved some drugs which were changed from *'prescription status'* to 'over-the-counter' (OTC) drug, to be sold without any prescription in order to reduce burden on Healthcare professionals. (Shivlal M Rawlani et al, 2015)

It is distressing that every other patient seeking dental care embark upon some sort of self-medication. Majority with dental problems, seek advice from chemists and pop pills incongruously to avoid dental visit. IMRB survey revealed that only 47% of total treatments are received by dentists, the rest relies on advice from chemists or self-treatment. This is a big bottleneck for the private practitioners.

7. Lack of Dental Insurance-

Generally, when a dental problem knocks the door, patient starts visiting dentist regularly and complain that a hole in the tooth have dug a bigger hole in the wallet. Here lies the utility of dental insurance!

Unlike most western countries, there still remains a big vacuum when it comes to providing robust and effective dental insurance plans in India. In western countries, dental indemnity plans are more popular which pays the dentist on a traditional fee-for-service basis. A monthly premium is paid by the client, which then reimburses the dentist for services rendered. An insurance company usually pays from 50-80% of the dentist's fees for a covered procedure; the remaining 20-50% is paid by the client. (Toor RS & Jindal R, 2011) Sadly, it is the missing link in our country.

8. Fragmented fraternity-

'Mirror of the Body: Your Mouth Reflects The Health Of Your Whole Body.'

- James E. Rota

Oral health is an integral part of general health and well-being. The mouth is a mirror of health or disease, as a sentinel or early warning system. Many systemic diseases and disorders have been implicated as 'risk indicators' or 'risk factors' in dental diseases. (Perry R. Klokkevold & Brain L. Mealey. 2006) It is now recognized that inflammation and periodontal pathogens are the much sought after link between oral-systemic connections. These have been associated to six out of seven leading causes of death in the United States, including heart diseases, stroke, diabetes, cancer, chronic lower respiratory disease and Alzheimer's disease. (Cherilyn G. Sheets. 2007) However, it is lamenting that only few professionals really understand the significance of oral-systemic connection.

Unfortunately, intra-professional fragmentation also exists. Majority of clinicians are reluctant to share knowledge as they believe this will increase their own competition and price-war. Each of them vying for his/her piece of dental pie; each of them a small island in the vast ocean of commerce striving to attract new patients, keep existing patients to make enough money. Also, in India, general practitioners carry out specialized procedures by themselves while abstain referring patients to a consultant specialist.

DISCUSSION: FROM EVIDENCE TO ACTION-

'The greater the obstacle, the more glory in overcoming it.' – Moliere

- I. The urgent call of the hour is to implement oral health policy beyond the pilot project. The need for implementation of OHP with modifications that suits the rapidly changing oral health system of this country is inevitable. Definite budget allocation for oral health is highly required. Oral health care should be re-

conceptualized as an integral component of primary health care services. Programmes like NRHM should be initiated for dental care also, that would be beneficial to the rural as well as poor urban population and will narrow the existing rural-urban gap in oral health care. National Cancer Control Program, National Tobacco Control Program and School Health program should incorporate tenets of oral health extensively. As suggested by Dr. Abdul Kalam, *"A call to create Oral Health India Mission to ensure one annual oral clinical examination for every Indian citizen starting with school children."* Formulation of WHO recommended Basic Package of Oral Care (BPOC) should be locally developed. (Fig 2)

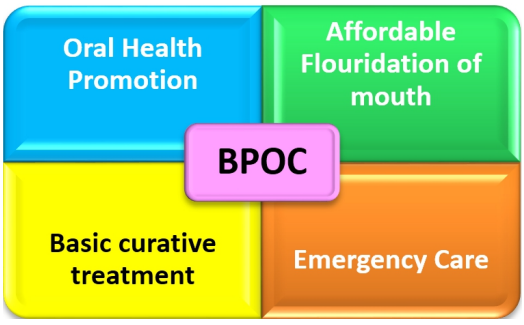

Fig. 2 WHO recommended Basic Package of Oral Care

II. The government should take initiatives to encourage dental graduates to establish clinics in rural areas by providing revenue subsidies, including tax breaks, or by providing guaranteed annual revenues for a fixed period, which will skew the geographical imbalance. Private-Public Partnership (P3) can play a magnanimous catalytic role in reaching the pinnacle of excellence in order to provide comprehensive (preventive, promotive, curative) oral health care services. (Fig 3) As flag bearers of oral health, private practitioners can spread awareness and eradicate myths by organizing role-plays in local languages and educating people about the importance of good oral health. Private practitioners can be involved to ensure regular school health services by giving area wise responsibility. Free dental camps in association with local legislative bodies could be organized in remote areas so that people can get basic dental services at their doorstep.

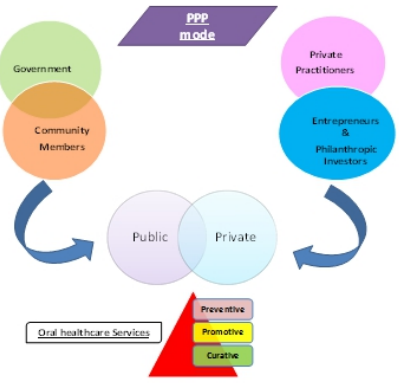

Fig. 3 PP3 and its impact

III. It is high time to ferociously fight against the malice of quackery. We should make local bodies to track quacks working on our surroundings and report it to health authorities. The Central Bureau of Health Intelligence (CBHI) should work proactively to assess the true health manpower availability. The GoI and DCI should put forward a strong policy to culminate this unethical practice and weed out quacks in order to safeguard health of patients and moreover the glorious prestige of the dental profession.

IV. There is a vital need to augment as well as implement legislations to enforce judicious and safe drug control practices. It is imperative to highlight that drugs can only give *'symptomatic'* relief, since dental diseases are usually continuously progressive unless counterchecked by appropriate treatment management. Moreover, inappropriate self-medication invites all sorts of unforeseen troubles - adverse drug reaction, drug interaction and global horror of drug-resistance. Let's ensure that we bring a minor change in our lifestyle, take steps to curb self-medication and start consulting the doctors.

V. Dental insurance can bring revolutionary changes in access to dental care in India. If treatment cost is insured, the number of people who want to opt for dental treatment will shoot up. It would be a good motivation for people to regularly visit the dentist. They would be more ready for seeking preventive and prophylactic dental care, thus reducing burden of oral diseases. According to a survey in USA, people with dental benefits coverage are almost twice as likely to visit a dentist. (Raju H.G, 2010) More schemes like Employees' State Insurance (ESI), 1948 should be formulated by govt which includes dental health.

VI. Oral health is an integral component of general health. Like minded practitioners should start a dialogue and start cross-referrals. For instance, we can sync with gynaecologist to encourage pregnant ladies for oral prophylaxis, as the occurrence of pregnancy gingivitis is extremely common, occurring in 30% to 100% of all pregnant women. (Perry R. Klokkevold & Brain L. Mealey. 2006) Similarly, with the pediatrician's association, we can educate about mother's oral health and oral care for infants. Studies claim- if the mother of infants and toddlers chew xylitol chewing gum four times a day, it will lower child's caries rate to 70%.(Cherilyn G. Sheets. 2007) Likewise, dental clinic can serve as an excellent place for screening of many chronic diseases. To sum up, by sharing information and consulting one another in a systematic and sustained manner, dental and medical professionals in integrated practice arrangements will have a far better chance of identifying disease precursors and underlying conditions in keeping with a patient-centered model of care. (Gambhir R. S., 2015)

VII. It is of paramount importance to reduce fragmentation of dental professionals and prepare for a collaborative practice environment if we wish to change the current gloomy state of dentistry in India. Dentists (Code of Ethics) Regulations, 1976 states clearly, *'every dentist shall cherish a proper pride in his colleagues and shall not disparage them either by actions, deeds or words'.* We must remember that mutual respect between a general dentist and specialist as professional peers, coordinated diagnosis and treatment; will eventually make everyone in the inter-disciplinary triangle (referral doctor, referral patient and specialist) to win. (Cherian DA, Dayakar MM, Thermadam TP, 2015)

'The best people are like water, which benefits all things & does not compete with them'. - *Laozi*

VIII. In their daily practice, private practitioners should involve patients in treatment decisions with due considerations placed to their needs and abilities without coercion or undue influence. Be transparent about pricing, no variable pricing strictly. Also educate them on the necessity of immediately addressing small dental problems, which if left untreated, can turn into expensive health threatening issues. At the same time, illustrate all the measures to maintain good oral care to instill sense of self-care in future. By inciting feelings of ease and confidence, a skilled dentist can allay patient's fears and render dental encounter a pleasant and painless one. What better way to market a practice than through happy and healthy patients! Let your patients be your brand ambassadors.

Fig 4. ADA Principles of Ethics

CONCLUSION-

Dentistry does not exist in a vacuum; it must function to serve the community. (Mark B. Lieberman, 2006) We need a future where oral health is not an afterthought. A professional dental office should have more than *'look good'* and *'feel good'* factor; it should *"DO good."* Private practitioners should focus on the provision of entire spectrum of services, from oral health education and disease prevention to treatment and rehabilitation, as well as underlying determinants of systemic diseases. I believe the key to survival in private practice is to provide a personalized service with inter-disciplinary collaboration – STAND UP…STAND OUT!

Dentistry is progressing by leaps and bounds; CDE (Continuing Dental Education) is our ticket to keep up and stay ahead of the curve. Clinicians should indispensably uphold the ethical values and principles of this noble profession. Fig 4. Most importantly, dentists must integrate their personal and monetary needs with the aim to serve the community with quality work. (Mark B. Lieberman, 2006) Let's take the lead to encourage dental professionals into separate pursuits of intention, innovation and improvisation entwine together to pragmatically benefit the mankind. Let us all become faithful stewards of commitment and strive to improve our profession by removing the hurdles currently present in dentistry. It is a call for action to make dentistry in India great again!

'You must be the change you wish to see in the world.' - *Mahatma Gandhi*

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