

Dr. Darryl Smith

Yes, access to oral health care is our problem and we must take a leadership role through real action — the time for only talk has passed.

Spotlight on Access to Care

was invited to provide my perspective on the issues facing my colleagues who live and provide care in rural areas at the Canadian Dental Regulatory Authorities Federation forum, "Access to Care: The Rural Dentist," in St. John's, Newfoundland. Drs. William Hettenhausen, Harry Ames, David Precious, Donald Cunningham and Mr. Tim Brown presented on topics ranging from admissions to dental schools to how to provide preventive services in culturally unique ways.

The common element in all our presentations was the critical problem of access to care. At the heart of this problem lies a dental human resource shortage, especially from a geographical perspective. It is up to the whole profession, including our universities, associations and regulatory bodies, to provide solutions. Yes, access to oral health care is our problem and we must take a leadership role through real action — the time for only talk has passed.

A recent article in the *National Post* reported that Dr. Brian Day, president of the Canadian Medical Association, called for universal coverage and access to medical and dental care as part of Canada's health policy. In late September, I attended the American Dental Association annual meeting in San Francisco, where the major issues were the move to universal medical and dental coverage, and the role of middle-level providers in dealing with access issues. The recent provincial elections in Ontario and Newfoundland and Labrador saw expanded dental benefits figure prominently in party platforms.

Why is dentistry suddenly on the radar screen of both the public and government in Canada and the United States? Certainly, unfortunate deaths from dental infections in the United States have thrust the issue into the spotlight. I believe the term "dental infection" is at

the heart of the changing paradigm. Since when is a dental infection any different from an infection found elsewhere in the body? Same bacteria, body and outcomes. Yet, until recently, dental disease had been considered different, both from a policy and etiological perspective.

Suddenly the mouth is back in the body. Couple this new awareness of the mouth in relation to the body with a society that believes that care, at least at a primary level, must be universally available, and we have dentistry and medicine on the same track toward a common goal.

In Canada, dentistry has largely been outside the public health debate and policy process, which has been both fortunate and frustrating to the profession. The increased awareness of oral health is a great opportunity for the profession, but will create some significant challenges. The first is how to effectively embed the dental profession in the policy-making framework as a latecomer to an environment that has limited understanding of our profession.

This is not only a question of cost; the solutions to dealing with access to care are multifaceted. Throwing money at the point of delivery is but one part of the equation. The shortage of dental human resources in rural areas or for special-needs patients means creating an environment that encourages dentists to provide services in these areas and to these patients. It is also about Canadians taking their responsibility for wellness and prevention seriously.

In the long run, this increased awareness of oral health could mean the biggest winners are dental research and education. Dental schools have essentially been ignored and have struggled for survival, and desperately needed research dollars have been allocated elsewhere. These are key building blocks to effectively deal with the problem of access to care and renewed focus and funding must become top priority.

Dentistry has much to offer this debate. It is no longer good enough to say that 80% of Canadians have access to care providers and are able to pay for services. Until every Canadian has access to care, the profession is not fulfilling its responsibility to society.

Reference

1. Blackwell T. Extend dental coverage, doctors urge. *National Post* 2007 Oct 12; Sect. A:6.

Note: To read Dr. Smith's letter to the editor in response to the *National Post* article, go to: www.cda-adc.ca/en/cda/news_events/media/submissions_2007.asp.

Darryl Smith, BSc, DDS president@cda-adc.ca