



February 13, 2003

Letters to the Editor
National Post

Dear Editor,

Re: Regulatory Teething Pains

On behalf of the dentists of Canada, I take exception to the article published in the February 13th edition of the National Post entitled “Regulatory Teething Pains”. The shortfall of this article, and indeed of the report on which it is based, is that it takes aim at the wrong problems – thereby, understandably, suggesting the wrong solutions.

For the majority of Canadians, oral health is a real success story. Major improvements in care and outcomes have been achieved over a few brief decades. We have a system of partnership between patients, oral health caregivers including dentists, dental hygienists and others, government and insurance companies to thank. There remain, however, areas of unmet oral care needs. The suggestion of independent dental hygiene is an oversimplified answer to a much more complex question. Patients who are unable to access needed oral health care may be geographically or culturally isolated, may be unable to pay for services yet not qualify for government assistance, or may reside in a facility without the infrastructure to provide oral care. The Canadian Dental Association has suggested, and looks forward to, opportunities to work with government and other oral care providers to look for *viable* solutions to these complex issues of access to care.

Furthermore, in many regions of Canada, there currently exists a shortage of personnel to provide oral hygiene services. It is counter-intuitive to conclude, therefore, that independent hygiene would result in either better access to care, or a reduction in fees, since a simple supply and demand equation rules out both as expected outcomes.

In the current climate of healthcare reform, including the reports of both the Romanow Commission and Senator Kirby, many of the recommendations point towards a greater need for coordination of services under one roof – a so-called “one-stop shopping” approach which reduces opportunity costs for patients, such as time away from work to attend appointments. This approach has been the norm for dentistry, where exams, diagnosis, x-rays, cleanings, treatment and follow-up are

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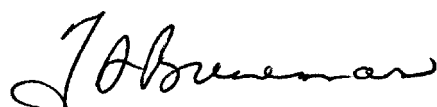
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available in one facility, delivered by a highly qualified oral health team. Each of these services is important, but the total package is much more valuable than the sum of each individual part. It makes both clinical and economical sense that services are rendered by a team that is coordinated by a dentist who has the necessary training and expertise to see an oral treatment plan through from planning to conclusion – someone who is looking not only at each element of oral health in isolation, but how each fits into the overall health care of the patient.

Dental hygiene services themselves do not pose significant risks to patients, and both dentists and hygienists do an excellent job of providing this care. But arguably, the greater responsibility is in deciding when oral hygiene services will be of benefit to the patient, and when they may be contraindicated because of the patient's medical status. Dental hygienists' training focuses many hours on the technical aspect of the job, but falls dangerously short of providing a basis to make critical medical decisions about coordination of care, or to handle emergency situations that might result from making the wrong choice.

Dentists and the Canadian Dental Association value the important role that dental hygienists play within the oral health care team. It is through this team approach, delivered in a centralized setting, that Canadians have enjoyed ever-improving levels of oral health status.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Tom Breneman". The signature is written in a cursive, flowing style.

Tom Breneman, DMD
President
Canadian Dental Association