

Dr. John P. O'Keefe

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Breaking Down the Access Issue

EDITORIAL

n his president's report delivered at the 2008 meeting of the American Dental Association House of Delegates in October, Dr. Mark Feldman stated that he believes the greatest dilemma facing the American dental profession is making sure that all citizens have access to dental care. He went on to say that lack of access to care for vulnerable groups is a "real crisis" for our profession.

I have heard similar sentiments expressed on this side of the border in recent conversations with a range of leaders of our profession. The argument often raised is that if the dental profession doesn't take the lead in proposing solutions to lack of access to high-quality dental care for all Canadians, then governments will impose solutions that may not be to the liking of dentists. According to most sources, the vulnerable groups currently having less than ideal access to dental care are seniors, low-income children and adults, First Nations people and rural dwellers.

Thinking about the mega issue of lack of access to dental care reminded me of my father's experience as a public servant with Ireland's Department of Agriculture nearly 40 years ago. Part of his job entailed giving advice to farmers about how to get the best returns on their resources during very challenging economic conditions. I have a clear image of him sitting at our family kitchen table deep into the night with a worried farmer, trying to break down and solve seemingly intractable financial problems.

My father would help many of these farmers restructure their operations, negotiate debt repayment schedules with the banks, and maintain hope that they would pull through. The lesson my father taught me from these experiences was that if a problem seems too big to tackle, we tend to do nothing about it.

I fear that we are facing a similar scenario with the problem of access to dental care for

vulnerable groups. The scale of the problem seems so great that nobody wants to take on the responsibility of deconstructing the issues and creating workable plans. If the profession can't get beyond the global mantra that access to care is a crisis issue, I believe we will make no progress.

However, every long journey needs a first step and I am a big proponent of incremental innovation. I believe we need to identify defined groups of vulnerable Canadians with access problems, quantify the issue, estimate the cost of providing care, and bring together interested stakeholders to drive forward creative new solutions to the problem.

I became aware of a developing problem relating to access to dental care when I got involved this summer with AboutFace (www.aboutface.ca), a support group for people with a facial difference. To my knowledge, this organization is the closest to being a national health advocacy group directly pertinent to our sector. Many AboutFace clients live with congenital or acquired dentofacial conditions, such as cleft lip and palate, and dentists have played prominent leadership roles within the organization, including recent Order of Canada recipient, Dr. Norman Levine (see p. 772).

The growing concern is that the extensive high-quality dental work that many cleft palate patients received as children and adolescents is inevitably breaking down as they advance into their 30s and beyond. An increasing number of these patients cannot afford the large fees for renewed restorative work. While there are some government programs across the country to help with the cost of dental work for children with cleft palate, older adults receive little or no financial assistance for such procedures.

To my mind, restorative dental work for adult patients with cleft palate is essential health care that directly contributes to a better quality of life. I believe there is an opportunity for the profession, the dental industry, government agencies and AboutFace to start on a journey to find creative solutions that will enable adult Canadians living with cleft palate to continue smiling confidently and participating fully in the workforce and society, without having to bear undue financial hardship in the process.

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