

A case of need

There are frequent reports of Australians pulling out their own teeth and children suffering with painful oral infections. The chronic backlog of waiting lists shows little sign of abatement. Is there a way to turn back the tide of Australia's public dental crisis? By **Sharon Aris**

It's well established that public dentistry in Australia is in crisis. Up to 650,000 Australians nationally are on waiting lists for dental care, and of these only 11 per cent receive treatment each year. The recent NSW Legislative Council (upper house) inquiry into dental services found dental caries are Australia's most prevalent health problem, with an economic impact comparable with that of heart disease and diabetes. "The reduced treatment available in public dental services is affecting the health of public dental patients, who can suffer in a range of ways from social embarrassment up to serious medical conditions and, in extreme cases, the death of patients who do not receive adequate and timely treatment," states the report.

It's hard not to be overwhelmed by the scale of the problem. But while the federal and state governments continue to engage in unproductive and unedifying buck-passing, some dentists have been quietly taking matters into their own hands, and their work is already having a significant impact in getting dental services to those who need them most.

Dr David Digges had already been a volunteer overseas in East Timor, but he felt he wanted to do something about the dental crisis closer to home. "I just got sick of the federal and state governments claiming not to have responsibility," he says. "I could see people falling through the net. I thought I'd see if I could do anything in my own practice." So in 2005 he decided to donate his services for a day to charity, with his staff also offering up their time. He approached Father Chris Riley's Youth Off The Streets and

the St Vincent de Paul Society's Matthew Talbot Hostel and asked if there was anyone who could use the help. The result was a busy day where they saw 30 people. "Some kids had never seen a dentist before. And one guy from Matthew Talbot looked like he had no teeth, his mouth was all black," recalls Digges. "I thought, 'oh no.' But I chipped away, and amazingly he had almost no decay. And when he left he had the biggest smile. He wrote me a note. That kind of thing makes it worthwhile."

It was such a success Digges did it again in May this year, particularly focussing on youth coming out of drug rehabilitation who were getting back into work and independent living. By now some of his regular patients were embracing the idea too, with one supplying food from their own restaurants, another from her home kitchen. "We were really happy at the end of the second day. It's amazing the difference you can make. Doing just that one thing. They see you making an effort on their behalf," says Digges.

By now word was spreading. Speaking with a local dental group, a dozen other dentists put their hands up to help out. "It made me really happy on the part of my profession," he says. The next day is planned for November, and a number of surgeries are participating.

But now the idea was getting so big Digges decided he could use some help. Which is why it was fortuitous Mervin Saultry got in touch with him. Saultry is the founder of the National Dental Foundation (NDF), "an independent dentists' initiated entity, acting as a focal point for charity work in the Australian dental industry." Established in October 2005, its focus is helping young people in need. "I know from my life experience a hand given at the right time has a snowballing effect on people," says Saultry.



PHOTOGRAPHY: LISA SAAD



Big smiles: Emma, 10, and Dr Ted Crawford both benefit from programs like 'Give A Smile.'

"I've seen a lot of things that are well intentioned, with people trying to do things," he says. "And they were having similar problems." For instance, while many dentists are happy to give up their time, some had been burned, opening up their surgeries for

In Victoria, many rural and metropolitan clinics continue to have waiting times of more than three years.

Focussing on "the needy, not the greedy," the NDF has produced a set of guidelines and works through existing charities to find those who would really benefit from the free treatment. Saultry has had knock-backs—because NDF operates a "discriminatory" policy in terms of who will be helped, to date no government has agreed to take part and several charities have declined. But now most states are up and running, and each is using a fair bit of discretion as to

a charity day only to have no-one show up. Others had members of the local golf club walk in wanting free treatment because they had a health care card. "If you try to do it yourself it takes a lot of organisation. There's a risk of burning yourself out."

how to implement a program. In Queensland, they are aiming to pre-screen potential patients then match them with participating local dentists. In Victoria, on the Mornington Peninsula, they've selected one primary charity, Oz Child, as the main source. In Western Australia, the current emphasis is on helping patients coming out of drug rehabilitation, while a dentist in Queanbeyan in NSW has persuaded the local government clinic to let him access the facilities and provide assistance while he volunteers his time. Digges, as chairman for NSW, is expanding the umbrella of his program.

But even as programs such as NDF's are expanding, the problems they address expand more quickly. In the report *Healthy Mouths Healthy Lives*, the National Advisory Committee on Oral Health recorded that by 2010 there'll be 1,500 fewer dental professionals than would

have been needed to maintain 2004 levels of service in Australia.

Right now, in NSW, waiting lists range from two to four and a half years at local clinics and hospitals to waits of between three to 10 years for other services such as dentures. In Western Australia, a resident of Wilcannia must travel 400 kilometres to the nearest dentist. In Victoria, many rural and metropolitan clinics continue to have waiting times of more than three years, with unlucky Portland topping the list at a 68-month wait.

The situation is even worse for indigenous Australians, with 16.3 per cent of the indigenous population edentulous, as opposed to 10 per cent of the non-indigenous population. Dental caries rates in Aboriginal and Torres Strait Islander children seem to be increasing—and four years ago the Australian Institute of Health and Welfare reported that dental caries in the permanent dentition among 12-year-old indigenous children is almost twice that of non-indigenous youth.

Dr Ivor Epstein hadn't worked with an aboriginal population before he answered a newspaper advertisement asking for dentists to volunteer one week of their time with an indigenous community. But he put his hand up to go north for a week in June this year with "Filling the Gap," an Indigenous dental program that places

dentists at the Wuchopperen community health service, catering to the indigenous community around Cairns and the Atherton tablelands in Far North Queensland.

The experience was a revelation. With 20,000 people eligible for treatment he says the need there is "urgent and critical." "There's a lot of emergency work. People have been in pain for weeks, tolerating pain no-one in Sydney would," says Epstein. "There are very neglected mouths, which are compromised by certain diseases. There's a high incidence of type 2 diabetes and rheumatic heart disease."

Even so, Wuchopperen is in fact a professionally run and fitted-out medical centre staffed by aboriginal workers. "It has an extremely

high standard of infection control, the staff are extremely well trained and there is a very good practice manager," says Epstein.

Unfortunately, what it lacks are permanent dentists. There are two positions. The first one they have been unable to attract a permanent dentist to, so have filled it with a rotating supply of dental graduates frequently from Ireland, who are looking for a three-month adventure. The other position the centre has the demand for, but not funding. It is this position Epstein and other volunteers fill.

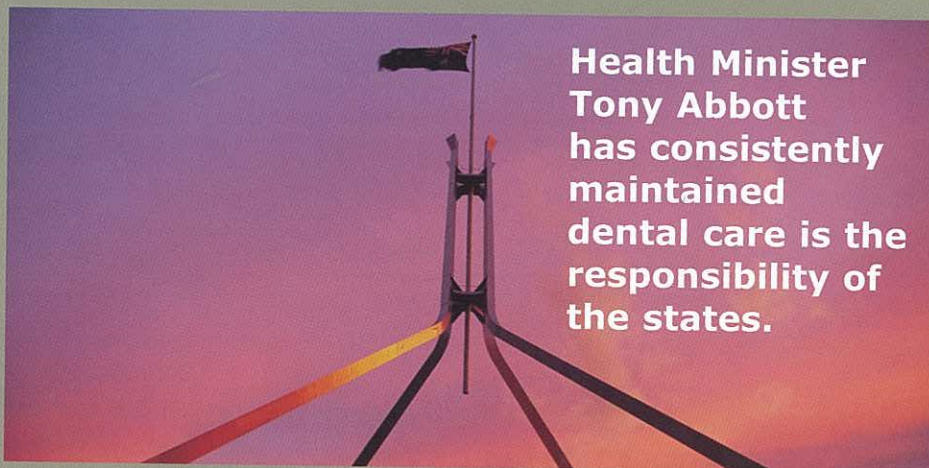
In the first six months of operation, Filling the Gap serviced 600 patients and provided the equivalent of 15 new dental weeks by 11 volunteer dentists. Airfares and accommodation are provided, as is registration with the Queensland Dental Board.

WHAT OUR LEADERS ARE DOING

The news stories on this subject are frightening: people pulling their own teeth or supergluing dentures; elderly people requiring hospital admission for their dental treatment because of infection risk, when an earlier dental intervention could have taken care of the problem. The Australian Dental Association's (ADA) South Australian branch has gone on the record as saying Australia has the second worst adult dental health among OECD countries. In May this year, Dr Bill O'Reilly, ADA president, explained that: "Direct expenditure by the federal government on dental care has remained relatively static over the past decade. By contrast, direct expenditure by individuals has grown 69.3 percent of total dental expenditure."

So what are governments doing? In a word: bickering.

If the NSW government response to the recent upper house inquiry is anything to go on, the problem still isn't on the political agenda. Of the report's 33 recommendations, only a handful was accepted, and the government announced no new funding to combat the problems (see news story, page 5). But the opposition has promised an extra \$208 million in dental care over four years if elected at the state election in 2007.



Meanwhile, Health Minister Tony Abbott has maintained dental care is the responsibility of the states, and the federal government already pours money via the private health rebate. Opposition health spokesperson Julia Gillard has promised Labor would back the national dental health scheme abolished by the Howard government.

The buck-passing is possible because the constitution doesn't direct either state or federal governments to implement a dental plan, and the causes of the crisis are complex: less dentists are being trained than needed and there aren't enough working in the state sector. Those coming out of university are saddled with high HECS debts, which make the lower wages in the public dental system less attractive;

exposure to fluoride for children is still not universal and appears to be on the decline; and with people keeping their teeth longer in life, dental treatment is not only in greater demand, it's becoming increasingly complex.

The ADA wants the federal government to take a leadership role in funding and coordinating the delivery of dental health care to those most in need. And while a recent poll indicated high public support for dental care to be covered by Medicare, this isn't the ADA position because "insurance works best for things [like dental care] that are episodic and preventable," said ADA spokesperson Dr Shane Fryer, but "there does need to be a modified Commonwealth Dental Health Program specifically targeting people in need."

SOLUTIONS

So impressed was Epstein that on his return he persuaded the other three dentists in his practice, the Crows Nest Dental Centre, to adopt Wuchopperen as a pet project. Now all will sacrifice one to two weeks holiday a year to the service. And he's become involved with the Filling the Gap steering committee, talking to other dentists about also becoming involved. "I try to emphasise how critical and urgent the need is," he says. "And how much appreciated the service is. There's been a lot of talk over the years of reconciliation. This is a practical way the dental community can contribute to this."

Indeed, the interesting thing about programs like these is although they take one small idea—what can one dentist do?—their impact is significant, and you can measure the difference they make.

When Dr Ted Crawford became president of the Australian Society of Orthodontists (ASO) in 2004, he had brought with him one simple idea. What would happen if orthodontists took on one public patient from the waiting list each year and pledged to treat them for free? It was an idea the council quickly endorsed as did the members. Close to 60 per cent signed up to Give A Smile in the first year alone. Naturally Crawford was top of the queue. His first patient was Emma, a 10 year old from Melbourne with a significant malocclusion: very prominent front teeth, a narrow upper jaw, crowded teeth and lips that could not meet comfortably. First treated in June 2005, her progress is now charted on the Give A Smile website. "Whenever she comes in with her mum it lifts the whole place," says Crawford. "It lifts the staff. Lifts me. I've got the same feedback from many ASO members." It's not an insignificant contribution either. With patients selected and screened from existing public health waiting lists by a liaison officer, each treatment takes around two years and would normally cost around \$5,000-\$7,000 per patient. Now it's having a trickle-on effect, and it's not just orthodontists making the difference. One member explained to the lab what he was doing, and the lab provided the treatment for free; legal firms, PR firms and graphic designers are providing work pro bono; and orthodontic surgeons and general dentists are putting their hands up to help out. Best still, says Crawford, they are making a demonstrable inroad into the public waiting list. With 222 orthodontists now participating, they have literally reduced the waiting list by 10 per cent. Compare that to the 11 per cent of people on the waiting list for public dental services who actually get treated each year, and you can see the impact simple ideas have. □

To find out more about the programs in this story, go to: www.nationaldentalfoundation.org.au; www.djs.com.au/classifieds_login.php; www.giveasmile.org.au.

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