

Submission  
No 139

## INQUIRY INTO DENTAL SERVICES IN NSW

**Organisation:**

**Name:** Dr Emily Kyaw

**Position:** Senior Dental Surgeon

**Telephone:**

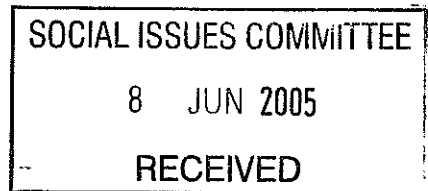
**Date Received:** 8/06/2005

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**Theme:**

**Summary**

Dr Emily Kyaw  
Senior Dental Surgeon  
Griffith Base Hospital Dental Clinic  
Griffith, NSW 2680



Date: 03.06.05

To  
The Standing Committee On Social Issues  
Legislative Council,  
Parliament House  
Macquarie Street,  
SYDNEY NSW 2000

Dear Sir/Madam

**RE: The Inquiry By The Standing Committee On Social Issues Into  
Dental Health**

As a citizen of NSW, I have long been concerned about the degrading state of dental health, service and education, and welcome the Upper House Inquiry into this neglected area of health care.

I am aware of many people who suffer significant pain and disability from poor dental health, and am dismayed by the lack of adequate services to relieve their pain and restore their lives to normal function, especially in rural country area.

Toothache is not only intensely painful, but also prevents consumption of a normal diet essential for good health, as does the lack of proper dentures for those missing teeth. Also, in a society where personal appearance is considered important, badly degraded teeth cause great psychological pain for many. I understand that there are further links between general and dental health, so that poor dental health is making our community sicker in more ways than one.

It is particularly worrying to me that there is an increase in the extent of untreated dental disease. I am also aware that this in part reflects a shortage of trained dental clinicians, with significant shortfalls predicted by 2010. The workforce shortage appears to be due to a lack of sufficient training positions for dentists, as well as dental therapists, hygienists, technicians and prosthetists. It worries me that despite the fact that there are many young people who would love to enter these professions, and the significant community need, the necessary training positions have not been created. I also hear that the educational staff in the training institutions are working in difficult circumstances, and am worried that if this is not reversed the dental workforce will be further degraded.

I recognize that public dental services are patchy, with some areas receiving comparatively good care and most of the eligible population unable to access routine dental care in a reasonable time.

I am concerned that people living in rural areas are often unable to find a dentist, not only in public service, also in private sector, despite being able to pay for service.

The lack of adequate preventive dental programs and insufficient fluoridation worry me, as prevention of disease seems even more important in the absence of enough dental clinicians to treat existing dental disease.

Finally, I am concerned that despite there being many internal and external reports of these problems to both State and Federal governments, including a Senate Inquiry in 1998, very little seems to have been done to prevent the current and developing dental crisis. It is of note that despite an increase of about one billion dollars for NSW Health in the recent budget, no new funding for dental health has been allocated.

I hope that the current inquiry results in positive action being taken to address these concerns, and expect the State Government to accept its responsibility for ensuring adequate dental health, services and education for NSW.

Sincerely

A handwritten signature in black ink, appearing to read 'Emily Kyaw', written over a horizontal line.

Dr Emily Kyaw  
Senior Dental Surgeon  
Griffith Base Hospital Dental Clinic

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