Submission
No 192

INQUIRY INTO DENTAL SERVICES IN NSW

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Theme:

Summary

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The Inquiry into Dental Services
The Standing Committee on Social Issues
Legislative Council
Parliament House
Macquarie St
Sydney 2000

Dear Committee,

I wish to make a submission to your Committee, and congratulate you on engaging this dental topic. I have been a dentist for 44 years plus a student for 4, working in a general practice part-time whilst full-time teaching (two in London) for 6 years at the commencement of my professional career, and for the last 6 ½ years have been engaged jointly in the teaching of my specialty (endodontics) 3 days a week and its professional practice for 2 days. For over 30 years in between I have been in specialist practice, seeing referred patients of very diversified origin, but am retiring in the coming month from both my practice and the senior lectureship at Sydney University.

Fluoride / Funding

During that time I was able to observe the condition of the average person's mouth before fluoridation and witness the gradual, and quite amazing, difference that fluoride made. As students we learned what to expect upon its introduction, namely a benefit to children. But the eventual improvement extended across the board beyond what we had been taught to anticipate, and so much so, that I would say half of my own teeth would now be gone were it not for fluoride in the water – and to some extent in toothpaste, which came later and fortuitously made the difference in the previously emotive word "fluoride" becoming respectable, because it received commercial endorsement eg by Colgate – a situation that still pertains. I say this about my own dentition advisedly, and even with access to the ultimate in sophisticated dentistry – something very few have the opportunity of.

The consumption of sugar in drinks, candies, cakes etc has remarkably increased, and people today can "get away with blue murder" in a dietary sense so far as teeth are concerned, compared to the situation 40 or even 30 years ago. Mind you the fluoride can protect their teeth, but it can't protect their

pancreas; and the rate of diabetes' increase is alarming, but in my view not at all surprising. The recent trend of caries incidence beginning to return, is a timely reminder that fluoride can't abolish caries. In the future it can't be expected to do any more than put a person who takes reasonable dietary care on the winning side.

New Zealand is a salutory example, where it was proved that with caries uncontrolled (by fluoride), allocating virtually unlimited man-power to it cannot succeed. So an absolutely basic step to take is fluoridation, for those parts of NSW that lack it. Government-provided dental care should be withheld, or at least minimised, from those districts that reject it; otherwise you are simply throwing scarce resources down the drain. After 35 years in Sydney, all the increase in diseases and deformities that was supposed to come about after fluoridation, demonstrably have not happened. I occasionally travel to India, and there are places there where the natural water supply contains 10-20 parts per million of fluoride – one community has 29ppm. I am not aware that their health profiles differ from the rest of the country. The dental profession there advocates de-fluoridation, because at high levels the aesthetics of teeth are affected; but fluoride removal is very costly and beyond the means of most, if not all, local authorities. So the Government has to be rock-solid about this, and not deviate because of the "it's a poison" brigade; 1ppm is a non-event on the toxicity scale. It is only because our water is artificially collected, stored and supplied that fluoride is missing; coming from a well or spring (natural) it's usually present.

Part of the present increase in caries is thought to be partly as a result of the consumption of bottled water, and herein lies the first opportunity to acquire funds on a user-pay basis. A 5 cent tax per litre placed upon bottled water would not be a disincentive for people committed to drinking it, but it would help to pay the community dental bill brought about by its widespread adoption. Of course sweetened, carbonated beverages leave water for dead in this regard, and I would propose a 10 cent per litre tax on all sugar-containing beverages; the "diet" drinks would be at lower rate. This would quickly create a pool of income without imposing hardship, as all consumption of packaged drinks is elective, and of zero nutritional value. Exorbitant though it currently is at 100+cents/litre, petrol with all its complex refining and logistical costs is cheaper than a litre of locally produced water!

Manpower

Teaching: Last year the Dental Faculty, which is the only institution that can be expected to provide dentists for NSW, graduated forty Bachelor of Dentistry students. It is a fair consensus statement that the teaching staff of the faculty over the last decade has been decimated, such that that is about the maximum number of students that can be handled with the remaining staffing levels – if the expectation of a competent graduate is to be realistic. However this year there are more than twice that number admitted to BDent 1, and quite frankly, I see that as an insanity statistic for my teaching colleagues who remain. The University seems to think that dentistry is like any other faculty that can

be taught electronically. The extent of learning via the "apprenticeship method" that exists in the dental course cannot be diminished or phased out, without severe cost to graduate quality. A dentist is of precious little use to someone in dental need when sitting at a desk with a prescription pad and a computer; invariably he/she has to do something. There should be a massive boosting of the clinical salary loading to dental faculty staff members – like I understand is the case in medicine – to overcome the fact that they are consigning themselves to a life of altruistic impoverishment, compared to their, usually less qualified and accomplished, peers. Where will the money come from for that? I will address that later in my submission.

Students: "We need more dentists" is the catchcry; yet the Dental Faculty is actively and successfully recruiting students overseas, eg there are fifteen students, I think, from Canada alone in the present third year, no doubt for some short-term cash flow bonanza to the University. These dentists are then lost as tax payers for the next forty years. This is incredibly bad value, considering that a new dental graduate is consistently the highest paid graduate of any faculty – and by quite a margin – and remains in a high income tax bracket for the whole of his life. Further, he/she is the focal person for assistant staff and a large dental industry (the financial multiplier effect). So it would make rational economic good-sense for Peter Costello to give the Dental Faculties of Australia a blank cheque, to do whatever was necessary to turn out greater numbers of local students.

Most NSW towns got dentists as a result of ex-servicemen receiving their degree after the war, and these are rapidly disappearing from the scene. Replacing them is proving to be presently a major problem. When one has regard for the mix of dental students' ethnicity, it is wishful thinking to imagine that any more than the odd few are going to be interested in locating in Boggabri or Dubbo. Just as there is more and more coming to be a quota for Aboriginals in many areas of educational endeavour, there should be a quota – and a sizeable one – allocated for students from country areas, who have grown up in a rural environment; not just temporarily residing there for the purpose of gaining enrolment in dentistry.

Dentists: There is no shortage of dentists in Sydney generally in my opinion, and in places like Bondi Junction they are in over-supply. Ethnicity, amongst other things, tends to make Sydney a magnet for new dentists, and many of them are under-utilised. When I did my dental course, the main thrust was dealing with dental disease, and being an endodontist that is exactly what I still do. A glance in any local newspaper in Sydney rapidly demonstrates that dental disease is not something that many dentists are particularly interested in. The trend is – and it's a glamour trend – to be a "smile specialist". One thing that typifies their practice is removal of amalgam fillings from back teeth, which they vigorously promote, and replacing them with white ones. This wouldn't be so regrettable if the amalgam fillings were no longer serviceable, but all too often they are, and in replacing them with white plastic (resin) equivalent fillings, very often they are doing the tooth a disservice. In many respects they are inferior restoratives to amalgam, and in my opinion are creating dental disease. So the dentists that aren't

available for the country or necessitous persons, are largely engaged in the cosmetic industry – and I use the word industry advisedly, as I don't regard creating, then accommodating that demand, as worthy of identification with a profession.

Funding

Herein lies my proposal for funding, separate and apart from the "water tax". A GST tax should be placed on cosmetic dentistry in its many forms, with dentures excluded; it is not "health related", which according to my understanding is the present basis of the exclusion of dental treatment from GST.

Dental Course

The other point that I wish to make concerns the structure of the dental course, and the new graduates that will emerge from it in the future. They are different to the graduates of the last 100 years, whose five year course was wholly devoted to dentistry, and that was conducive to a committed student and a dedicated graduate. Their degree equipped them basically for nothing else, and they were virtually a captive of the profession. But they had the alternative of transferring to another degree or dropping out after first or second year, when they had time to get a "feel" for whether they were suited to dentistry. The new intake is graduate-only, which means they all have another degree, and with it an exit career of some sort if the going gets tough – and dentistry is a highly stressful occupation, the more so if one is lacking in competence.

A major difference in the new course structure is that the first two years are predominantly medicine, where the medical faculty "baby-sits" our students during most of the first half of their course; the dental input is minor and basic by comparison. This means that their involvement in dentistry only becomes "fair dinkum" after two years, and I don't think they have experienced enough dentistry up to that time to know whether it is to their liking. Further, I don't think the remaining two years is going to be enough to equip them comprehensively – especially with the number of committed full-time academics no longer being there to teach them. When I was a student, the faculty was divided into four departments, the full-time personnel of any one of which approximates the total such complement of the faculty today – whose mean age augurs poorly for the future, because their numbers are few and succession is haphazard/non-existent.

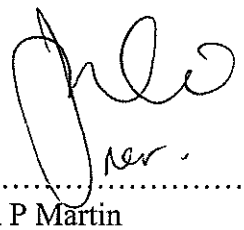
I thank you for the opportunity to speak my piece. I hope you realise that I don't have a vested interest in the outcome of your enquiry, because of my impending retirement. However I hope your committee can "stop the rot", where the affluent are magnificently taken care of (if they so wish) and the people with health cards receive care at a most basic level, and with ever-increasing waiting lists as part of the

bargain. My perception is of a growing proportion of middle Australia who just live in the hope that nothing goes wrong with their teeth, because apart from extraction they just can't afford treatment – and in lots of cases even the extraction is a great burden.

There is a lot of "big money" that changes hands in dentistry, and that is a source which GST (of which the states are the beneficiaries) could in all fairness tap into if new money is hard to find from general revenue. And there is big money, cumulatively, in the totally unnecessary retail drink industry, which can justifiably be accessed.

I wish the committee of inquiry well in its deliberations, and am available for any follow-up that might stem from my submission.

Yours faithfully,



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A P Martin