

Submission
No 46

INQUIRY INTO DENTAL SERVICES IN NSW

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Theme:

Summary

Submission 46 Dental Services in NSW

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Submission

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Attachments

I am a dentist working in the area of aboriginal oral health. I also work part time for the North Coast Area Health Service.

NSW health has already developed some excellent documents looking at strategic plans and oral health promotion for the next 5 years. A new inquiry is probably unnecessary IF those documents were taken seriously.

There is no question that dental services in this area are inadequate in many areas. Since the introduction of ISOH in 2001, one clinic in this area has taken not a single person off the waiting list for CODE 4 and higher, unless they are reclassified when their treatable, preventable conditions become an emergency and require extractions. The bottom line is that there is NO provision of any treatment for persons looking for a preventive model that includes a general check-up, a clean, and minimally invasive dentistry in this area for public patients. The only clinical model that functions in the public service for adults is a managed transition to full dentures.

If you are looking for a personal appearance to passionately present the need for conceptual change, I would be delighted to appear. I have run a successful private practice for 10 years and currently have chosen to join the public service with an indigenous service because I believe change must happen in the way oral health services are delivered. I am completing my Masters in International Health, have worked in 5 different developing nations and believe I can make a valuable contribution to developing a new model that focus on SHARED RESPONSIBILITY and ORAL HEALTH PROMOTION. With a lack of resources, and huge demand, it is time to focus our treatment on clients who are keen to participate in improving their own health by cooperating and following our advice. Instead of frustrating the system with clients who believe health care is a right independent of their own willingness to accept advice, a new way of assessing and processing clients could be looked at that

rewards compliance rather than self-destructive health behaviour. Currently it is those who neglect their own health the most that receive priority. This is both inefficient and discriminatory against those who are actually concerned and keen about their own health.

While mercy and compassion are always necessary, it would actually be rewarding for public dentists to believe they could contribute to the health of the nation, rather than merely manage the pain relief needs of those disinterested in their own health outcomes.

I have a significant library of oral photos that are worth more to your enquiry than a thousand words. Any person who has been exposed to the industry knows that volumes have already been written on the current problems in the oral health field.

If you are serious about PAYING for change, please include me. If this inquiry is merely another political tactic to delay action, I am still keen to participate.

I am inside the system. It is NOT working. People are suffering! - I look forward to real change, real soon.

Glen Hughes
Oral Health Coordinator
Dharah Gibinj
Aboriginal Medical Service.

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