

Guest Editorial

A Commitment to Care for All

"You are not a healthy person unless you have good oral health. Oral health is part of general health and it can affect your overall health and your quality of life." This quote by the former Surgeon General C. Everett Koop is also the theme of Oral Health 2000, a national consortium "conceived and organized by the American Fund for Dental Health with the goals of raising the awareness of the problems of oral diseases among the public and getting them to accept and understand that total oral health is indispensable to general health; eliminating barriers to self-care; emphasizing the preventable aspects of oral disease; and communicating new knowledge about oral health to varied constituencies."

The World Health Organization has designated 1994 the year of oral health. For the first time, this organization is devoting an entire year to this issue, not just a single day of importance. It has been a long, arduous road of education, prevention, research, and clinical excellence for dentistry and oral health care to finally achieve the stature they should have in the health care delivery system.

Now, as the profession is achieving its status, recognition, and importance, we must face a critical issue: access to care. As a nation that sets the standard for health care and health care issues, are we providing this sophisticated care for all Americans?

In the United States, dental caries and periodontal disease remain the most prevalent health problems. According to published reports, 40% of Americans receive no dental care at all. More than 50% of the homebound elderly have not seen a dentist in 10 years. Forty-one percent of those individuals over the age of 65, and 25% of those over age 45, are edentulous. Approximately 30,000 new cases of oral cancer are diagnosed annually; 8,600 individuals die from oral cancer each year. There are 6.4 million days of bed disability and 14.1 million days of restricted activities annually due to dental-related illnesses. Despite its demonstrated effectiveness, over 100 million Americans still do not have the benefit of fluoridated water.

In the United States there are approximately 43 million people with "special needs." There are 7 million people with mental retardation and 4.5 million people with cerebral palsy. There are 11 million "special children" with developmental, learning, or emotional disorders. This number is increasing as the environmental diseases of the 1990s flourish, as the number of babies born with fetal alcohol syndrome or HIV infection increases, and as the abuse of cocaine and other substances during pregnancy continues. On the other end of the spectrum, there are now 1.3 million people living in nursing homes; approximately 52% of them can be medically described as demented. Let us direct our attention to the issue of special patient care: Are we meeting the needs of these individuals?

Public Law 88-164, enacted in 1963, has led to extensive deinstitutionalization of persons in this country with mental retardation. There are only 162,000 people with mental retardation or mental illness who are currently institutionalized. The rest live in either community residences or with their families. Almost all of those over the age of 18 are on some form of public assistance. A recent survey showed that only seven states have a Medicaid dental program for adults.

Dental education has taken a step backward in training students to provide care for patients with special needs. The accreditation standards for dental education programs now only require that predoctoral dental students "should be competent in assessing the treatment needs of patients with special needs." In 1993, the Joseph P. Kennedy, Jr Foundation requested that the Academy of Dentistry for the Handicapped initiate a survey of training in dental education for treatment of persons with disabilities. A questionnaire was mailed to the deans of 66 dental schools in the United States and Canada. Forty-nine schools, representing a 74% response rate, returned the completed questionnaire, which asked for the level of didactic and clinical instruction required of predoctoral students to complete the curriculum. The number of lecture hours dedicated to the dental management of persons with disabilities for all schools averaged 12.9 hours, with a range of 0 to 40 hours. Twenty-three schools, however, reported 8 or fewer hours of didactic education, and 14 schools (29% of the respondents) reported 10 or fewer hours of clinical instruction, or approximately five patient visits.

It is imperative that curriculum changes be made in dental schools to provide students with more lecture hours and hands-on experience. If a dental student is not exposed enough to feel comfortable treating people with disabilities, it is certain they will not provide care for this population after graduation.

There are several variables that particularly affect the provision of care to the patient with special needs. Access is most important, and this is extremely limiting because of the lack of trained professionals, physical barriers to dental offices and dental operatories, and the lack of programs that provide the required services. Type of disability, the degree of dependence on others, effects of medications, systemic diseases, the attitude of caregivers, and finances are the other significant variables.

The pediatric dentists of our country have been largely carrying the burden of providing care for this enormous segment of the population, but many of them currently are giving up adult special care. There are not nearly enough pediatric dentists, and they lack some of the training to provide the full services required to provide quality care to the adult population. But if our general practitioners, periodontists, endodontists, and prosthodontists are not provided with the training in their educational programs, do not participate in Medicaid or other state or federally funded programs, and continue to shut out those with the greatest need for care, then we are not fulfilling our professional obligations and we are turning our back on people who deserve equal quality of treatment. We cannot make disability synonymous with inferior quality of care.

Let us indeed strive for all the goals of Oral Health 2000, but let these goals become a reality for all Americans.

Steven P. Perlman, DDS, MScD
Clinical Director, "Special Athletes, Special Smiles"
Assistant Clinical Professor of Pediatric Dentistry
Boston University Goldman School of Graduate Dentistry
Boston, Massachusetts