



Observations on Dentistry (Stomatology) the New China Way

William R. Laney, DMD, MS, Editorial Chairman

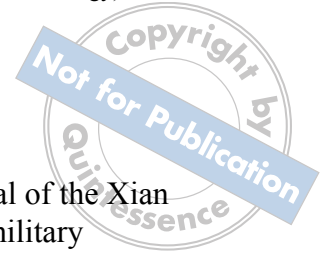
On April 5, 1997, an "osseointegration delegation" of some 30 dentists and guests left San Francisco aboard an Air China flight to the Peoples Republic of China (PRC). Under the auspices of People to People International, founded in 1956 by President Dwight D. Eisenhower, this group of primarily prosthodontists and restorative dentists responded to the invitation of the Chinese Medical Association to visit mainland China and participate in a 14-day professional and cultural exchange with Chinese dental counterparts. The focus of professional activities was to observe the status of dentistry in the PRC, particularly implant dentistry, and the delivery of services to its citizenry of over one billion people.

The Chinese Medical Association (CMA), the host organization, has over 400,000 members who, until recently, were primarily senior clinicians and academicians. In addition to a national administrative CMA group, each province has its own association and administrative hierarchy. Because of governmental restrictions, movement by practitioners from one province to another is difficult, and movement from rural settings to densely populated areas is nearly impossible.

There are over 175 specialties and subspecialties of medicine in the PRC. Until 1996, stomatology (dentistry) was one of them. The Chinese Stomatology Association is now an autonomous organization that is being structured similar to that of medicine. There are 34 schools of stomatology in the PRC, the largest of which is the Beijing Medical University School of Stomatology. At the end of their middle school experience (equivalent to our high school), students who wish to pursue further education take qualifying examinations for admission to various universities and career programs. The stomatology curriculum is varied to accommodate the goals of students and the level of care to be administered. Matriculation in a program of 3 years is required for graduates to practice in rural villages and district facilities. The type of care offered in these community facilities ranges from primarily emergency services and minimal restorative treatment to some preventive measures.

The largest number of stomatology students will complete a basic 5-year program, which involves essentially little actual clinical experience. Most schools will graduate 40 to 45 students on average per year. Graduates may then begin general practice, or they may proceed to specialty education, providing they meet standards for placement and selection criteria. While there is private practice per se in the PRC, it is minimal since most treatment is provided in city, district, provincial, or national hospitals or clinics. Most salaried generalists are remunerated at roughly the same rate as a Chinese "butcher." Specialists and academicians may receive augmented income based on professional status and private donor or patient sources.

The Osseointegration Delegation had the opportunity to visit and participate in professional exchanges with Chinese counterparts in three major PRC cities: Beijing, Xian, and Shanghai. In Beijing, the delegates had professional discussion and presentation exchanges with the staffs of the Beijing Hospital of Stomatology and the Beijing Medical University School of Stomatology. A visit was also made to the Beijing University of Traditional Chinese Medicine and Pharmacy. Though Western medicine and surgery have significantly impacted treatments administered by the Chinese, traditional therapy employing such ancient modalities as herbs and acupuncture is still used, especially for the



elderly population, who remain most comfortable with such practices.

In Xian, professional exchanges were held with staff and students at the Dental Hospital of the Xian Medical University and the No. 4 Army Medical Hospital. The latter is one in a series of military institutions that have staffing, facilities, and equipment somewhat more advanced than many of the other hospitals/clinics visited. Evidence of basic and clinical research was seen at a majority of the institutions visited, but on a limited scale.

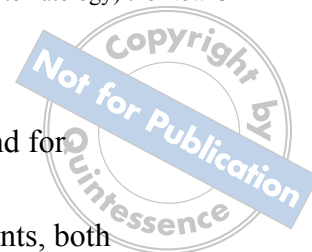
In Shanghai, the delegation visited the School of Stomatology of the Shanghai Second Medical University. Professional presentations and discussions were a part of this exchange, both here and at the School and Hospital of Stomatology of Shanghai Tie Dao University. The latter institution is part of the large railway industry in China, and graduates from the university are expected to enter a program that provides care for workers and their dependents in the rail system. Opened initially in 1985, and later adding the hospital, this school was the newest of the facilities visited during the tour.

Later in Shanghai, professional delegates met for a half-day joint seminar with approximately 75 representatives from the Stomatology School of Shanghai No. 2 Medical University, Stomatology School of the Tie Dao University, and various other local hospitals. This program was organized by the Shanghai branch of the CMA, and the presenters were Osseointegration Delegates whose English lectures were translated into Chinese.

Like many other facets of Chinese society, dentistry and medicine have suffered from the loss of nearly two decades of potential progress during the cultural revolution. Young health professional personnel are generally very bright and eager to learn and to become involved in patient care using more advanced techniques and equipment. However, limitations are imposed by outdated facilities, equipment, and instruments in many settings. While gloves, masks, and gowns were seen regularly in the hospitals/clinics, many were not particularly clean, and sterility seemed to exist in concept only. Evidence of new science and technology may be seen in the professional institutions, but not on a large scale.

Implant dentistry is being introduced modestly because of cost limitations. The vast majority of individual citizens are not eligible for implant treatment under government subsidy. Thus, implant treatment is provided only for those with ample private resources or on an experimental basis. Local implants, manufactured primarily in western China, are inferior in design and material and have not been widely accepted by Chinese clinicians. They would rather use products/systems produced in Western countries and in Europe that have been supplied on an introductory, complimentary basis by various manufacturers whose names, not infrequently, designate implant clinics within recipient institutions. Generally, implant treatment is currently provided by specialists—oral and maxillofacial surgeons, periodontists, and prosthodontists. Much of the learning/training has been acquired from individual visiting clinicians, educators, or groups such as the Osseointegration Delegation. International travel for Chinese participation in residencies, advanced education programs, or professional meetings is limited and closely monitored by the Ministry of Public Health.

The cultural exchanges in which delegates participated provided broad exposure to the history, geography, development, and leadership of China as a country. Against this backdrop, the evolution of health care for the Chinese was introduced within the socioeconomic climate and parameters that have significantly impacted advancement. The sheer population numbers pose a major concern for health care providers, which in current number cannot meet the overwhelming demand for services. However, the economic future of the country and its individual citizens has rather unlimited potential. Given



reasonable opportunity for regional free-enterprise existence, the availability of and demand for enhanced health care can only improve exponentially.

The Chinese experience provided a most valuable learning opportunity for its participants, both Chinese and American. While the Chinese Osseointegration Delegation exchanges were most enlightening, the delegates also learned from each other. Hopefully, the osseointegration concept gained further exposure and its importance to the success of implant-supported restorations received new emphasis as a result of this most worthwhile professional endeavor.