

DENTAL HEALTH PLANNING IN PAKISTAN

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DENTAL HEALTH

Dental Health is concerned not with information about the oral health of the public in general, but with matters relating to provision of dentistry by the State and representatives of the public, concerning the treatment and prevention of the disease. Doubtless this is unavoidable. A complacent attitude of the Government of the "People", towards large amount of dental diseases hitting all types of rural and urban population, will, of course, minimize the distresses. It is encouraging that N.H.S. might embark some racial changes in the existing system. And a system, which so far, we can judge, on the evidence, is full of step-motherly treatment to the dental profession. The prevailing system with specific injustice, is not only based on less remuneration, status, seniority and privilege to dental service; but more than 86% of rural population of the country has been kept deprived of routine maintenance of dental fitness, dental health education and courses and mechanisms of dental public health in the country through organised efforts; with the result, a "dentist" however, could not undertake responsibility to see his patients, emergencies fairly were neglected, which increased socio-economic liabilities to the families and normal working hours of the sufferers suffered and ultimate loss to the economy of the State, these were maximum and multiple losses.

DENTAL SURGEON

A Dental Surgeon plays an important role in diagnosis, treatment and re-habilitation of oral-cancer, blood dyscrasia and oral-handicapped children. A Dental Surgeon being a member of healing profession, is keen to elevate the dental health, standard of the community and being a public health worker, he explains the value of early prevention and treatment of dental ills. A Dentist is a health educator, provided he is provided opportunities. A Dentist in a district is hardly ideal Dentist for population due to over work, and thick population (see the chart) and he simply has no hopes for senior post or senior scale, thus loses interest both for a healing and prevention.

IGNORANCE OF DENTISTRY

Through dental aid is an essential and integrated part of all medical programmes in the country, but in planning and organizing the health services, dentistry is simply ignored. The ignorance is partially due to improper channel of administration and partially may be of some intention.

No provision for dental public health, no facilities for dental attention of the people, no care for schools, no attention towards the rural community – unlikely to the modes of Medical Public Health.

There is no senior post of Dental surgeon except at Centre or in teaching institution. No chance to promotion as a senior scale Dental officer or administration unparallel to the medical colleagues. The Dental Officer is a team of medical organization, why such attitude? Once he joins the service he holds the same status till he retires.

CONSEQUENCES OF IGNORANCE:

Dentist loses responsibilities:

- a. of his parents
- b. to his community
- c. to himself

A Dentist, during his dental education, acquires two major attributes, which accompany him throughout his career, i.e. ego/humility and humility, both offers him stature in achieving success in his elevation of pain and suffering and materially fostered the health standard. And, confidence of his ego, vanishes, in absence of his responsibility as a result of improper attention by the authorities, his humility suffers when he has not got sufficient chance to be honest and renders finest service of which i.e is capable. Suffering of the people and community is evident.

A Dentist has needs for comforts of ACCOMMODATION, PRACTICE, POSITION, SENIORITY AND SENIOR RESPONSIBILITY IN SERVICE, AND POST-GRADUATE TRAINING. This shall provide a chance to test his ability, personality and potentialities.

DENTISTRY

Dentistry, is an ever growing profession, expanding in knowledge and technique. The Dentist cannot stop learning. His skill and knowledge should continue to improve and it should not be allowed to stagnate or becomes relatively out of date. A dentist cannot become specialist of all fields of dentistry. LET ALL THE DENTISTS BE TRAINED IN PUBLIC HEALTH AND OTHER SPECIALITIES EITHER AT HOME OR ABROAD. If at home, a curriculum of post-graduate training may be stated for: -

- a. to encourage a dentist to have his ego,
- b. to benefit the population,
- c. to help the dental science in expansion.
- d. To evolve modes and methods of research.

PREVALENCE OF THE DENTAL DISEASE

Dental disease ranks as one of the greatest affliction of mankind today and affects all countries of the world. However, it affects mostly civilized mankind, which has dictated an artificial and soft diet. In our country, the periodontal problems are common, but incidence of dental decay is not less than any country.

Day and Tandan (1940), Day & Shourie (1947) carried out studies at Lahore and found high incidence of periodontal disease among the younger age group. Similar studies of Metha et al (1953), (1955) carried out in India reveal the high incidence of this disease. Ramf Jord (1961) investigated the rural and urban population of Bombay (India) and found 100% prevalence of the periodontal disease. Soofi (1962) studied school children at Quetta and found 85% of the population having periodontal disease. Likewise studies of McCell (1933) who observed 90% of disease in U.S.A. Westin et al (1937) found 86.5% of gingivitis in Swedish school children. Saunders and Taylor (1938) noted 94% of gingivitis with Maori children in New Zealand. In the United Kingdom the incidence of the disease is likewise high, King (1940), (1945), Parfitt (1957), McHugh et al (1964), Sutcliffe (1968) and Sheiham (1959).

This has proved that the country is facing problem of periodontal diseases, especially in younger group which is evident from the epidemiological studies mentioned above. There is likelihood of increase of periodontal disease, if proper programme is not chalked out, to check the disease either by preventive methods or by curative means.

RELATION OF SYSTEMIC ILLNESS AND CHRONIC PERIODONTAL DISEASE

The relation of systemic illness and chronic periodontal disease as focal of infection has long been demonstrated and referred to repeatedly in literature and numerous miscellaneous disturbances in the body have been considered due to presence of this disease. Richards (1932), Round et al (1936) Fish (1937) Winslow (1938) Murray (1941) Elliot (1939) Robinson (1958) Stone (1948), Soofi (1968) Wilkinson (1967) Rarritt et al (1960) Garrod et al (1960). If proper steps are not taken in planning Health Services for further checking of the dental ailment the general health of the Pakistanis shall be affected as referred to above the work of the various workers.

IMMEDIATE PROBLEMS OF THE COUNTRY

Before making any plan for any service, we must understand the need of the population and the problems confronting it in the field of dental surgery. After knowing the problems of the country, and keeping in view, the financial position of the State, one can suggest, the means to prevent the incidence of the disease under the health.

KNOWLEDGE ABOUT THE POPULATION IN WEST PAKISTAN

According to census of 1961 of Pakistan, 86.9% of the population lives in villages, whereas 13.1% devils in urban areas. There are 35, 412 villages are in West Pakistan. 74. 3 % of the population is dependent on agricultural or pasture land.

Literacy rate is 15.9 % for the whole country, 23.4 % males and 7.6% females are literate. The majority of the literate people live in cities and majority of the rural population are illiterate. In West Pakistan there are 9, 123,004 children between the ages of 5 to 14 years.

There are four provinces in West Pakistan, 51 districts, 193 tehsils, 37067 villages, 3302 union councils and 23 cantonment boards whereas the province of Punjab has got 19 districts, 72 tehsils, 103 towns, 42 health centres and 9 cantonment boards.

PROBLEMS OF THE POPULATION

The majority of the population comes from rural areas, therefore, attention shall be paid for their problems in our planning. The problems are: -

- a. complete absence of dental aid
- b. complete ignorance about the dental health
- c. lack of guidance through the medical team for dental problems

NEED OF THE POPULATION

The immediate need of the population is : -

- a. the elimination of oral sepsis
- b. prevention and relief of pain
- c. assurance and guidance

Many young adults suffer from pyorrhoea in which there is profound loss of supporting bone and loosening of teeth. The relation of this disease has been discussed above. Relief of pain is a major problem and there should be management so that the worker and villagers should not suffer. Guidance is always helpful.

EXISTENCE PATTERN OF SERVICE

The dental services are provided by the State under the control of Provincial and Central Governments respectively. The Army and Railway Dental Services are rendered under their medical authority. All the services are allied with medical services. In a province of Punjab the Health Department is headed by Secretary Health, assisted by two Joint Secretaries i.e. Medical and Public Health. There are certain preventive departments like B.C.G., T. B Control, Small Pox etc. under the control of Secretary Health. The Province

of the Punjab is further divided into five health Regions. Each region is headed by Deputy Director. Under the each regional office, the District Health Officer and other hospitals provide the medical treatment to the population. (See the chart and prevention, including school medical service).

BRAIN DRAINAGE OF DENTISTS OF FOREIGN COUNTRIES

Since the nation does not place a proper value to dentistry or financial support or any link between output of graduates and employment of dental surgeons. Inadequate facilities to foreign trained and research workers, which bring the dis-satisfaction among the graduates of the country. This has brought dearth of the teachers for the teaching institutions of West Pakistan. (Recently reported in the press by the Medical Council of Pakistan). In Lahore, premier institution of Pakistan, requires certain chairs for various departments but where from to get? Many dentists have left the country and many are ready to leave, if they get a chance. Those who have left the country their number is more than 100 and they have settled down in USA, U.K., Saudi Arabia, Libya, Japan and other Middle East and African Countries. This brain drainage is a serious problem for the country. So far, Punjab University has produced about 406 graduates after 1948. Some of the graduates have permanently settled down in abroad even after acquiring postgraduate degrees, if they turn up, the dearth of teaching staff might be minimized why they are not coming back? – wrong attitude of the Government and personal motives of some interested persons. If the finances are properly developed, the brain drainage can be checked up and the country can have better brains for promotion of dental profession and the dental science. Let there should be a pool of talents without restriction of zones, regions, or domiciliary binding. The talents should be utilized for utility of the talents. It shall develop the country. It shall help the people and it shall help the dental profession, ultimate help to the medical profession, based on a “Pakistani”, instead of any geographical position.

DENTAL MANPOWER IN PAKISTAN

According to WHO Chronical (1967) dental manpower is lowest in Pakistan in the world i.e. 1:435,000 persons per dentists whereas in Afghanistan 1:18900. If we look at our district population where there is one dental surgeon, this ratio is distressing and in future years, if this status maintained, there is increase of trend of the population and one dental surgeon cannot do any justice to the profession or to the service. The dental surgeons at the district headquarter hospitals is over worked, that is obvious and he can only cope with emergency treatment or I should say he just disposes of the patients. He cannot do any conservative treatment or preventive work or health education or research techniques, the advantage of his training is not properly utilized. Control of diseases is need of the hour, which is missing.

There are 19 districts in Punjab, 72 tehsils, 42 primary health centres, (3 health centres of Thal Development Authority). If we equip all the tehsil headquarters and primary health centres of the Punjab there shall be less load to the district headquarter hospitals and dental surgeon shall find a chance to practice actual dentistry. The minor ailment shall be dealt with at the health centre and at the tehsil headquarter clinics. The creation of the posts shall minimize the problems of : -

- a. un-employed dental surgeons,
- b. stress and strain of the parents of the dental surgeons
- c. the population shall have easy approach to dentists
- d. it shall minimise the trouble of the travelling and ,
- e. last but the least prime factor of the time of the villagers or factory workers shall be saved.

CONTROL OF DENTAL DISEASES

Health is a major asset of a nation and dental Public Health is equally important. There are two methods by which a disease maybe controlled by: -

- a. prevented from occurring
- b. once established, it may be prevented or controlled by appropriate treatment

Some curative methods are available in district headquarter hospitals of West Pakistan and some of the tehsils provide such treatment. Teaching institutions at Lahore, Hyderabad and Peshawar are better sources for treatment. A few places, Red Cross and other special organizations render dental services to the public, but PREVENTIVE

METHODS ARE NIL ALL OVER THE COUNTRY. Since the large population cannot afford dental treatment at private level and 86.1% of the population i.e. rural population cannot reach the dental clinic for dental check up or treatment until and unless there is emergency so the preventive methods are must for our economy and need of the population. No country in the world could afford curative treatment without preventive methods.

PREVENTIVE METHODS: OR DENTAL PUBLIC HEALTH: is an art and science for:-

- a. preventing the (incidence of the dental disease).
- b. Prolonging the life Span of dentition
- c. Promoting dental health and efficiency through the organized community efforts
- d. Providing the real picture of the prevalence of the dental diseases
- e. Helping to adopt the methods to check up the disease
- f. Providing the statistical data and research opportunities.

And Dental Public Health should be arranged in each Province to conduct: -

- a. mass dental health education programme
- b. school education programme

These programmes: -

- a. shall reduce the servity of the disease
- b. lessen the rapidity of destruction
- c. prolong the national dentition, and correct the remediable dental defects
- d. it shall regularise the habits of the oral hygiene and methods of the children and masses.

RESOURCES AND TYPE OF DENTAL CLINICS

It is impossible for Pakistan at the stage of development to indulge in luxury, of offering full arranged dental clinics and covering to all the people as this venture is too costly and beyond our resources. Priorities in dental care should be established and a programme may be organized preferably for meeting the needs of the people. With experience of 15

years service at district headquarter hospitals, my observations show that major need of the public is: -

- a. relief and prevention of toothache
- b. prevention of oral pepsis, and cure for bleeding gums
- c. proper guidance and education

With this need we can work with simple dental clinics and arrangements for the time being. In order to : -

- a. provide services to the unemployed dental surgeons
- b. to provide the dental cover and dental aid to the 86.1% of the population of Pakistan
- c. to assist and help the Government

Knowing the population and its problems due to lack of dental man power; limited resources of the Government; unemployment problem of the dentists and inadequate staff in the teaching institutions. We therefore, suggest that all tehsil headquarters and rural health centres may be provided with immediate dental clinics (non luxurious) under Junior Class I Dental Surgeons as Incharge of Dental Clinic. The Dental Surgeons at the Tehsil Headquarters should visit the schools of the area for giving dental health education and acquiring data for prevalence of the disease whereas dental surgeons at rural health centres should visit sub-centres on alternate days as an integrated team of the medical organization. There are 52 tehsils and 42 primary rural health centres in Punjab which makes 104 and we have got about 100 un-employed dentists with this scheme all can be employed with minimum expenditure of emergency need. Similar adaptation to other provinces of West Pakistan.

SUGGESTIONS FOR MODIFICATION OF EXISTING HEALTH SERVICES

Since there is no technical personnel in the field of dental science either at Centre or at Provincial or at Directorate level, therefore, for proper planning and development of dental science and its administration remained handicapped. Therefore:

- a. the existing pattern of medical service, my immediately be modified having a Joint Secretary, Dental Public Health at each Province of West Pakistan.

These Joint Secretaries shall act as Ex Officio (Advisers) on Dental Health to Govt of Pakistan, Ministry of Health. There shall be liaison between the teaching Institutions and the Government for dental problems.

- b. In each region of the province, senior cadre post of Dental Surgeon with rank of Assistant Director, Dental Health should be created at parallel with medical service. The senior dentist of the province with better record of service, postgraduate work, initiative and keenness to serve the country may be considered as qualifications for such posts. This shall provide a better chance to dentists to think that there is no step motherly treatment with this profession and each dentist will work more for such type of incentives.
- c. Or person with at least seven years service be raise to Class I cadre and be nominated for postgraduate work by rotation either abroad or in the country.
- d. From the next Five Year Plan, the District Headquarter post of the Dental Surgeon be raised to Senior Class I rank and additional post of Lady Dental Surgeon be created for each district.
- e. Preventive dentistry like preventive medicine may immediately be introduced to prevent the incidence of the dental diseases. All the schools and other teaching institutions should be equipped with preventive programme health education should be given to all the country-men.
- f. A post of Section Officer at Centre and in the Provinces should be created to deal with dental cases.
- g. Dental Surgeons should be provided with accommodation and other facilities off and on offered by the Government at par with Medical Service.
- h. All the tehsil headquarter hospitals and rural health centres should have a dental clinics.
- i. Teaching Institutions to be controlled by the Government should have a staff with postgraduate qualifications irrespect of zones, regions and domicile restriction.
- j. A senior dental surgeon may be given chance to serve in senior post.

Effects of changes in Service

- a. This change for a dentist to work for planning and development and promoting of the cause of dentistry.
- b. Dental services in the Provinces shall be controlled and guided properly by a technical man and the Govt shall be benefited by the channel of services in the interest of the public.
- c. There shall be coordination and quality pattern of all the dental clinics in the Provinces of West Pakistan.
- d. The problems of the dental surgeons, and their needs shall be properly met with and listened to.
- e. The service shall be controlled by medical service as an amalgamated service. Separate dental service cannot serve the proper purpose.
- f. Refresher and re oriented courses will help the dental surgeons to expand their knowledge to be conducted by new system.
- g. The preventive dentistry shall flourish and have better influence over the public.
- h. Last but the least it shall help the introduction of Dental Act which is must for our country.

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