

PROBLEMS AND SOLUTION IN DENTISTRY

Dentistry is a science and technology. Thus it becomes a leading force in evolutionary unification of human treatment. The qualified dentist with distinguish career becomes the healer of the oral cavity.

When we talk about the science and community, we want to share the human sufferings. It is well established fact that nation can only advance its defensive programme, if it is healthy and educational progress in scientific field continuous. Temporary power and prestige may flow from without these factors. The dentistry is a knowledge and tool to solve the oral problems of the community, whereas the Government is to solve the problems of the dentists.

The oral health services are based upon type and quality of its personnels and their education background. The oral health care is provided by team and this team meets the demands of the population of the province or a district or tehsil headquarter. In my paper, I will touch upon the changes in the existing system for better planning of the health organization with changes in the educational programme. The changes in the existing regulation, the fight against the quackery. However, I shall take to demand that the dental manpower may be provided equal facilities towards any foreign training (scholarship) and any local administration and promotion at par with medical graduates.

Oral cavity is a specialized branch of science and it is not very well patronized and has not been given due importance both in preventive, curative and administrative set up in the country. The dental treatment so far is limited to the districts tehsil headquarter hospitals and some clinics of the Railways, Social Security Municipalities also provide emergency services to the population. There is no preventive cell at the centre. However, the Government of Punjab has taken a lead to set up a cell of preventive dentistry at the College of Community Medicine/ Institute of Public Health Lahore to provide postgraduate training and dental services research and para-dental teaching like Dental Hygienist. This subject and its education is very important because it is connected with the human life.

The objective of the dental care in the developed world is to provide and organize the dental care for the population for steady growth in the human health both in quantity and quality as a part of medical care. Similarly the patient care amounts to be effective when it is based upon comprehensive community programme with the help of dental auxiliaries (Dental Hygienist).

“Prevention is better than cure” is an established and proven proverb over the globe. Our nation needs prevention which required change in health administrative structure

with socio-economic situation, and changes as far as the service structure at the centre and the province, which is without dental cell. Therefore, we suggest that for community responsibilities a service structure both in the federal and in the Provincial level may be established. Deputy Director Dental Health in Centre and in his office will help the need and demand. Similarly Deputy Director Dental Health Services and Deputy Secretary Dental Health Services in each province alongwith Divisional Assistant Director Dental Health Services, District Dental Health Officer, so that periphery "Basic Health Unit and Primary Health Centre may be looked after by the trained Dental Hygienists for preventive and curative purposes under the supervision of District Dental Health Officer. In this way, change in the pattern of the administrative will provide absorption of dental manpower in services and many fresh and senior graduate will have a chance of the serving the population in a better way. At present the dental manpower ratio is very less as compared to the developed world. According to the facilities of 1983 there were 1100 Dentists and one dentist was for the population of 83, 000. If the government intense to increase the health manpower in dentistry then there is need that the opening will be started for providing jobs opportunities to the qualified dental surgeon.

The dental training programme at present is 4 years and our graduates after passing face lot of problems both in higher education and in job structure. Example could be quoted that a dental graduate is given the duties of general anaesthesia, for example in the Lahore General Hospital, in the past many years and a dentist was well aware of the technology and its emergency handling. But if he wants to shape qualification to build his future with Diploma in Anaesthesia, he is not allowed by the University regulation, because basically he is not a medical graduate. Similarly a dental graduate has done his Master in Philosophy (M. Phil) in General Pathology he could not get status by his postgraduate education and he renamed as a demonstrator, Senior Dental Surgeon and retired. Whereas his colleagues (M. Phil) were Principal of the Medical Colleges. The reason forwarded is that, he is DS basically instead of MBBS, one of our colleague, did master in Medical Epidemiology as BDS, he could not get promotion so this difference of the courses could not revolutionized the hard working Dentists for seeking the higher jobs because the present system does not provide the comprehensive study of the basic subjects. 52 years experiment of this nature stands failure.

I, therefore, suggest for the facing future diseases like AIDS and Technology (Acquired Immune Deficiency Syndrome) that the dental professional people should be well equipped with the basic knowledge at par with MBBS, in basic subjects so that for the postgraduation and in other employment, this difficulty may be overcome. Moreover the study in basic subjects will create confidence in the education and later on the the higher education. Many countries in the World they trained dentists after medical graduation and I do prefer that dentistry should be a postgraduate sub speciality like the other specialities to keep up the professional knowledge and skills upto date based upon the

programme of serving the human being in the sense and spirit. The right of the service to the professional rest in the degree of knowledge skill efficiency, devotion and with this comprehensive knowledge he shall be able to serve the patients, community and his country in a better way at least with the priority. This change in curriculum will increase.

- a. The responsibility of a Dentist to the community for providing administration, education and evaluation of the prevailing diseases in the community.
- b. He shall adopt a proper and comprehensive professional sense and ethics for conducting the dental programme.
- c. The clinical treatment, services, will be more reasonable based upon the proper understanding and education.
- d. Due to the proper understanding of biological sense, the dentist will be inclined to do the research work and shall be able to deliver goods with his an adequate level of basic and general medical education.
- e. After attainment of competence in basic subjects and dental subjects he shall have the quality to utilize the auxiliary personnel's and administer the practice of prevention performing preventive and dental services. In most of the country the dental research is a a part of the dental act even the Philippine have got a dental act of 1965 which regulates the practice of dentistry for advancement of dental research. Similarly priority task of dentistry in Pakistan is to carry out the research for preservation of teeth for life time.

Our population according to our survey needs to prevent the loss of diseased teeth and surrounding structure because more than 95% of the children population suffers from minor or advanced trend disease of gums. Whereas it is estimated 40% loss of the teeth is due to the advanced periodontal disturbances. With the trend in new diet, dental caries is becoming a considerable problem for the children population. The mal nutrition, because the social cultural and behavioural in diet is changed the disease is leading us towards the complicated situation as the rest is facing.

It is unfortunate that the dental science is characterized by isolation and infrequent attention for the problems of this science are given. Pakistan Dental Association in 1979 requested the College of Physicians and Surgeons of Pakistan to conduct the fellowship examination of this professional science for creating the professional teachers for commission to redesignate as Professors. The College so far could not provide this status of degree of knowledge in the sense of dentistry. Therefore, this community lack the teachers educators both at the Undergraduate and Postgraduate level. Similar attempt has been made to start the professional diploma in Public Dentistry but we could not pursue this course an education programme as the Board of Studies of medicine in

Punjab University could not agree. The Board of Dentistry in the University of Punjab is the sole body for conducting of the regulation of the dental education at Postgraduate and Undergraduate level. This requires changes to get away from the problems and to practice code of dental practice in regular manner.

The Punjab University has got the privilege and honour to provide Postgraduate Master Degree in Dentistry by a private candidates. The course used to be affiliated with the Postgraduate Medical Institute, Lahore which has been dropped and now restarted. Therefore, the advantageous reflection of MDS can be sampled to few with the result the position of the Dentist in this population with the present knowledge becomes not so exciting. Therefore, to provide the nation wide programme I suggest that the dentist with the experience quality and devotion of service may be selected for higher training abroad because so far these energetic graduates with their capacity of learning may improve their degrees for seeking their future jobs and acting as the teachers.

This new change in the basic subjects will glorify the standard of dental education for promotion and development of dental research. There are 4 dental schools, which provide the dental education specific period of 4 years but sometime in most of the cases the graduates are not be absorbed in services, therefore, an employment is becoming a common problem. If the philosophy of creation of the post is being adopted according to my charts, this un employment situation shall be no more in the country.

Quackery is well spread in the country. Most of the treatment of removal of the tooth was carried out in the villages by Barbar Surgeon and blacksmith tooth puller and most of the quacks are practicing in various localities. They are doing lot of harms instead of benefits to the population. This trend of further spread of quacks may be restricted and this can only be restricted through an act in the National Assembly. Other nations also adopted the same method. Dental Health Team is to be organized, fully trained dentists in various specialities either after Medical graduation or with the present system. Then clinical based operating auxiliaries like dental hygienist. This course, which is being run by the College of Community Medicine needs to be expanded for the population. Laboratory based technician needs to be orientated. Similarly clinically based non operating auxiliaries and community based non operating auxiliaries are needs for a reasonable dental clinic in the country. The education crisis may be changed according to the changing behaviour and need of our society. Therefore, the suggestion put forward if they are adopted and fulfil the objective of education programme as well as service programme. However the present situation needs immediate attention of the government.

PROPOSED DENTAL HEALTH STRUCTURE FOR THE PROVINCE OF PUNJAB

D.H.S.
Director Health Services
D.D.H.S
Dy. Director Health Services
D.S.D.H.S
Dy.Secy. Dental Health Services
D.D.D.H.S.
Dy. Dir Dental Health Services
A.D.D.H.S
Asstt. Dir Dental Health Services
S.O.D.H.S.
Section Officer Dental Health Services
D.D.O.
Dist. Dental Officer



