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Ramifications of Dental Policy and its Impact on Public Oral Health.

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ABSTRACT

The oral health care system is to promote, maintain and prevent oral disease. It also aims at adequate treatment to arrest the disease at an early stage .There is a lack of clearly stated objectives and many a time lack of implementation. There are around 300 plus colleges[2] in India today. Opening up of private sector to dental college has both a positive and negative impact. Today dental treatment is available in many rural parts of India and there is an increased awareness as compared to before. Technology and infrastructure is widely available. The question is are the department and infrastructure used .Definitely not to the optimumas the are not performing for what they are designed. For example Community dentistry department has been used only to increase number of patients to dental colleges. It is seen as an advertisement agency for these colleges. Role of Community dentist has become that of is of a referring body.

Other subjects relating to dental public health like fluoridation of drinking water, Commercial mouthwashes have also been a cause for concern, with some studies linking them to an increased risk of oral cancer[3, 4, 5, 6] has taken a back seat. The maximum permissible limit of fluoride in drinking water in India is 1.2 mg/L[7]. There are programs on tobacco awareness but its use in India does not show significant decline in users. Most of these programs are not involving dentist actively.

Keywords: Ramification, Oral Health

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It was way back in Calcutta in 1924 the first dental college in India was established by Dr Rafiuddin Ahmed and was the first Dental College to be established in Asia. The second college was started in 1933 in Bombay named Nair Hospital Dental College after Dr AL Nair. It is run by the MCGM (Municipal Corporation of Greater Mumbai) and is the only dental college in the world to be run by a municipal authority

The dental council of India regulates the Dental Education and the profession of Dentistry throughout India and it is financed by the Govt. of India in the Ministry of Health & Family Welfare (Department of Health) through Grants-in-aid[1] .The minimum qualification for dentistry is Bachelor of Dental Surgery (BDS), a five-year dental education including one year of compulsory internship. Master of Dental Surgery or MDS is a post graduate program is for three years in the

concerned specialty. MDS is offered in 8 subjects, they include Oral Medicine Diagnosis and Radiology, Prosthodontics, Periodontics, Oral and Maxillofacial Surgery, Conservative Dentistry & Endodontics, Orthodontics & Dentofacial Orthopaedics, Oral Pathology & Microbiology, Community Dentistry, Pedodontics and Preventive Dentistry.

The oral health care system is to promote, maintain and prevent oral disease. It also aims at adequate treatment to arrest the disease at an early stage .There is a lack of clearly stated objectives and many a time lack of implementation. There are around 300 plus colleges[2] in India today. Opening up of private sector to dental college has both a positive and negative impact. Today dental treatment is available in many rural parts of India and there is an increased awareness as compared to before. Technology and infrastructure is widely available. The question is are the department and infrastructure used .Definitely not to the optimumas the are not performing for what they are designed. For example Community dentistry department has been used only to increase number of patients to dental colleges. It is seen as an advertisement agency for these colleges. Role of Community dentist has become that of is of a referring body.

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Oral health policy was drafted by Dental Council of India (DCI) way back in 1985. National oral health policy (1985) recommends public health dentists to be appointed at primary and community health centers. Till date the policy has not be implemented. Most primary centers don't even appoint graduates even when there is availability. A great variation in the dentist to population ratio in the rural and the urban areas is seen. In India the ratio is one dentist for 10,000 persons in urban areas and for about 2.5 lakh persons in rural areas.

There is an Imbalance in the geographic distribution of dental college and population of a particular area .Due to this a great variation in the dentist to population ratio in the rural and the urban areas is seen. At present, India has one dentist for 10,000 persons in urban areas and for about 2.5 lakh persons in rural areas[8]. WHO recommended dentist to population ratio of 1:7500. Some states have a reverse problem like Karnataka ,Tamil Naidu were the ratio dips to 1:3000 mushrooming dental college are responsible for this and decent to shift to rural areas making situation bad for both doctors and patients[9].

In India many quack dentists[10] operate on streets .These are unqualified dental practioners often referred to as street dentist. They charge less than conventional dentist. They have often been blamed for misdiagnosis and wrong treatment. Factors which might be responsible are lack of qualified dentist in the rural areas, increase in the cost of professional dental treatments, illiteracy, lack of awareness etc. Government and other bodies are fighting an unending and toothless war to stop this. The improved dental awareness and increased dental institute their numbers are decreasing but not eradicated.

The Foreign Educational Institutions Bill is still awaiting discussions in Parliament, there is continued interest and curiosity about which foreign universities will come to India and how will the Bill influence Indian higher education? Over the last decade, Indian higher education has witnessed three primary trends— growth of private institutions, increasing demand for professional education

In recent years, there is growing interest among foreign players to enter India's healthcare sector through capital investments, technology tie-ups, and collaborative ventures across various segments, including diagnostics, medical equipment and hospitals. It is to be seen whether these will bring about a revolution in health care system and competition reducing the price or will it go beyond the range of common man as the motive behind investment is returns only. It is to be seen if these corporate will shrug away from their social responsibilities.

In Indian dental insurance sector is in its nascent stages and currently only a handful of dental insurance plans are available. In India, oral health is normally integrated with the general health insurance schemes. Insurance companies provide dental care benefits in case it requires hospitalization for example in case of an accident requiring dental surgery.

In coming years it will be interesting to see insurance, FDI (Foreign direct investment) changing oral care, institutional training of professionals, new products and technology influencing public dental health care The significance of FDI will improve Dental health care

infrastructure, it remains to be seen whether individual dental costing will swing in which direction.

References

1. Education:http://www.dciindia.org/.Date:23/1/2012 .
2. Dental colleges; http://www.healthmantra.com/d-collmds.shtmlDate: 23/1/2012.
3. The Daily Telegraph (11 January 2009). "Mouthwash linked to cancer". The Sunday Telegraph.
4. Carretero Peláez, M.A. et al. Alcohol-containing mouthwashes and oral cancer. Critical analysis of literature. PMID 14990877
5. Vecchia, Carlo La. Mouthwash and oral cancer risk: An update. doi:10.1016/j.oraloncology.2008.08.012.
6. Winn, Deborah M. et al.; Diehl, SR; Brown, LM; Harty, LC; Bravo-Otero, E; Fraumeni Jr, JF; Kleinman, DV; Hayes, RB (2001). "Mouthwash in the etiology of oral cancer in Puerto Rico". Cancer Causes and Control 12 (5): 419 429. doi:10.1023/A:1011291807468. PMID 11545 457
7. Water fluoridation. http://www.who.int/water_sanitation_health/naturalhazards/en/index2.html Date: 23/1/2012.
8. Lal S, Paul D, Pankaj, Vikas, Vashisht BM. National Oral Health Care Programme (NOHCP) Implementation Strategies. Indian J Community Med 2004;29:3-10.
9. Indian Dental Association. "Zero tooth Decay". IDA Times 2008;4:1.
10. Stowe, Stacy (June 7, 2005). "India's Street Dentists Are a Vanishing Breed". The New York Times.

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