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HIGHLIGHTS OF PROBLEMS IN DENTAL HEALTH

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## HIGHLIGHTS OF PROBLEMS IN DENTAL HEALTH

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## 1. WELL-KNOWN FACTS ABOUT DENTAL DISEASE

### 1.1 Universal

Diseases of the teeth and of their supporting structures are the most widespread diseases in the world. It is rare for any individual to escape their ravages in some degree and in many countries the man-in-the-street regards the eventual loss of all his teeth as inevitable.

### 1.2 Costly and incurable

Unfortunately there is no panacea for dental ill-health and curative dental care is costly and time-consuming, requiring the services of a vast army of skilled operators. Unlike other parts of the body, teeth once attacked by dental caries or periodontal disease suffer no spontaneous cure, and without treatment, their loss is indeed inevitable.

### 1.3 Disfiguring

Loss of teeth without artificial replacements is disfiguring and may lead to collapse of the facial musculature and the appearance of premature old age. For many decades, the dental profession's main task has been to repair decayed teeth and, when this is impossible, to extract them and replace them with artificial substitutes. When the supporting tissues of the teeth are attacked by periodontal disease, early treatment is effective, but in the advanced stages of the disease extraction is again the only "cure". In one of our most advanced countries from the dental viewpoint (the United States of America) a recent survey has shown that more than one-third of the population over the age of 45 is toothless. However, most of these persons have artificial dentures and so are more fortunate than the millions of people in less advanced countries who are doomed to a pappy diet for the rest of their lives, and premature old age.

### 1.4 Insidious

Dental caries and periodontal disease both commence slowly and progress insidiously, and only at a comparatively late stage is the individual aware of pain, the presence of a cavity, bleeding gums or loosened teeth. A regular check by a dentist often reveals unsuspected disease at a stage when it can be treated effectively, but the average person usually seeks dental attention only when the symptoms are obvious. Often this is too late for remedial care.

### 1.5 Effect on general health

Most medical men are fully aware of the effect of dental ill-health on general health and on the power of resistance of the body to other diseases. Dentists frequently see the spectacular improvement in general health which follows the elimination of oral sepsis.

## 1.6 Personal control measures

Research has indicated how the individual can avoid the loss of his teeth and the pain and discomfort which accompanies dental ill-health. The conscientious and correct practice of personal oral hygiene, the avoidance of injurious foods, the consumption of tooth-cleansing foods which require adequate mastication, plus regular checks by a dentist, can ensure maximum dental health. Most of us know these simple measures but, because their non-observance is not followed by immediate retribution, we fail to carry them out.

## 1.7 Mass control measures

In recent years, research has given us a safe and effective weapon against dental caries in the fluoridation of water supplies, but here again the indifference of the bulk of the population often allows a small and vociferous minority to prevent its adoption.

## 2. THE PROBLEMS OF DENTAL HEALTH

### 2.1 The public

In some way or other, the public must be motivated to practise preventive measures by more effective and intensive dental health education. The most fertile field is the young child and the efforts of the dental profession, particularly public health dentists, should be largely concentrated on inculcating correct oral hygiene and food habits in children from an early age. The mothers of these children must also be enlisted to support these measures in the home, and the dental profession must have the active backing and participation of school teachers, health educators and the medical profession, including doctors, nurses, midwives and all forms of auxiliaries. To make this suggestion fully effective, short courses on dental health should be included at the correct psychological stage in the training programmes for all health personnel and in teachers' training colleges. These courses should include an explanation of water fluoridation and how it achieves its beneficial effect.

In every country dental personnel are in short supply and one of the real problems of a motivated public is to obtain dental care, either of a routine or an emergency nature. The solution of this problem assumes national importance in face of a growing public demand.

### 2.2 The dental profession

The leaders of the profession are fully aware of their responsibility to give the public adequate dental service. Dental treatment, as has been mentioned previously, is time-consuming and costly. Many people are either unable or unwilling to pay for it, and various methods have been devised by the profession and by governments in order to cater for their needs. These

include health insurance and pre- and post-payment schemes, sometimes on a national (governmental) scale and often on a group basis, with or without subsidies to reduce the cost to the patient. Some governments, in order to meet the lack of dental service in rural communities, have banned the establishment of new dental practices in the cities, or have made it compulsory for new graduates to serve for a period in rural public health services.

The profession's main concern is the dental health of children and as this population group is also No. 1 priority with governments (and the people they govern) some degree of success has been attained in many countries in providing school dental services, usually financed by governments or local bodies, or by both.

Like his medical colleague, the average dentist is a rugged individualist with his heart and mind set on private practice right from his student days. This has led to a shortage of public health dentists, (as distinct from the general shortage of dentists but undoubtedly accentuated by it) and various remedies have been adopted, such as more or larger dental schools to produce more dentists, the wider use of specially trained auxiliaries, and a reorientation of dental education to emphasize the due importance of prevention and dental public health. Postgraduate courses in dental public health are being made more attractive.

### 2.3 The public health administrator

Many public health administrators have been faced with the unenviable task of organizing a dental health service. The wise ones have not attempted to "go it alone", but have appointed a dentist of good standing and experience to take over this responsibility. As the politician calls upon a medical adviser to implement the government's health policy, so the wise medical administrator will call upon a dentist to implement a dental health programme. The establishment of a dental administrative section or division in a public health department is a fundamental principle if success is to be achieved in planning, developing, directing and supervising a dental health service. This has been stressed by every WHO Dental Health Seminar. Wherever a dental health programme is being developed, the dental health administrator should have a recognized status with the heads of other divisions of the public health department and financial provision for dental health should appear as a specific item on the departmental estimates.

Finance is always a problem in dental health services as they usually have a low priority, are relatively costly to establish and maintain, and are yet required to meet a widespread demand from a large section of the population.

Dental care programmes are dependent upon an efficient supply of drugs, materials and equipment, which is in turn dependent upon an efficient stores system, with judicious forward ordering from overseas countries, adequate storage facilities, and rapid despatch to the peripheral units requiring the supplies.

## 2.4 The political angle

The inability or unwillingness of a section of the public to meet the costs of dental care has led to an increasing demand on politicians for the expansion of public dental services. From every point of view, it is desirable to have a healthy population by preventing disease if possible and if not, by treating it in its earliest stages. The provision of adequate health services, available to all sections of the population, is today regarded as of national importance by all political parties, and for this reason increasing government participation in the provision of these services must be expected. The success and speed of accomplishment will necessarily be dependent upon the economic and personnel resources of a country, while the methods adopted will largely be determined by its social and cultural pattern. While these comments apply to health services generally, they are equally applicable to dental health services, the development of which is dependent to a large extent on their urgency from the political viewpoint. This is ably expressed by United States Representative John E. Fogarty as follows:

"If there is agreement that dental health is an integral part of total health - and I believe there can be no argument on this point - then we must also make dental care an integral part of any programme of medical care. We have not gone very far, as yet, in providing comprehensive dental care for the mass of people.

"The health of America is our Nation's greatest resource. Some people seem to feel that we cannot afford to improve our health status much further - that the cost is too great. I submit that we cannot afford not to improve it. In the field of public health, we must do something more than provide a pure water supply, pure milk, curb epidemics, and mercifully take care of medical emergencies.

"Family dental bills total 1.7 billion dollars annually, although only 40 per cent of our population gets treatment in any one year. Dental caries affects almost 100 per cent of our teenagers.

"The current progressive accumulation of these conditions constitutes a heavy national burden - painful, costly, and disfiguring. Time is running out when our Nation can afford to disregard the health, economic and manpower implications of dental neglect."

## 3. SOME SUGGESTIONS FOR MEETING THE PROBLEMS OF DENTAL HEALTH

3.1 Motivation of the individual, by all health personnel, to practise conscientiously the known personal preventive measures (already outlined) and in the case of dental caries, to accept water fluoridation as a control measure of profound public health importance.

3.2 The reorientation of dental education to place greater stress on prevention and on the efficient use of auxiliary personnel, and to emphasize the importance of dental public health and children's dentistry.

3.3 The establishment of a dental division within the framework of the national health administration. This division would be headed by a dentist and its function would be to plan, organize, develop, direct and supervise all dental health activities.

3.4 In view of the universal shortage of dentists, steps should be taken to increase the output of graduates from dental schools by enlargement of existing schools, the provision of new ones and by stepping-up the recruitment of students.

3.5 In order to spread the services of the available dentists over a greater segment of the population, consideration should be given to developing "dental teams" headed by a dentist<sup>1</sup> by training the special types of auxiliaries best suited to the country's problems, such as chairside attendants, dental laboratory technicians, dental hygienists and school dental nurses. (New Zealand provides an example of what can be accomplished in children's dental health by the efficient use of auxiliaries - in this case, school dental nurses.)

3.6 In some countries with very few dentists, consideration could be given to training assistant dental officers (the dental counterpart of "medical assistants") as has been done successfully in Fiji. These work only in the public health services, under the direction and general supervision of the dentists in the public health services.

#### 4. SOME THOUGHTS ON PROGRAMME PLANNING

It is not possible in this paper to discuss in detail programme planning, the establishment of treatment priorities and of short- and long-term objectives. However, the importance of this aspect is such that it must be mentioned.

4.1 The relief of pain and the elimination of gross oral sepsis should, of course, come first in any dental health programme.

4.2 As soon as practicable thereafter, the incremental dental care of children, commencing with the youngest age groups and following them through to early adult life should be introduced. Even if commenced on a small scale as a pilot study, such case, hand-in-hand with education in dental health, will demonstrate the effectiveness of the preventive approach and will always pay dividends in reducing the amount of treatment and dental man-hours required - apart from the benefits to dental and general health conferred on the children concerned.

4.3 At an early stage in programme planning, it will be necessary to survey the country's resources of dental manpower and to assess the nature, prevalence and severity of dental disease.

4.4 Programme planners must keep abreast of the latest advances in dental research in other countries and should encourage suitable research, on a small scale at first, in their own countries.

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<sup>1</sup>Wld Hlth Org. techn. Rep. Ser., 1959, 163