

PROVISION OF REMOVABLE PROSTHETICS BY DENTURISTS – WHAT IS THE CONTROVERSY?

DUFFY MALHERBE

The most efficient and economical provision of removable prosthetic appliances globally is by Denturists, who are trained for both the clinical and manufacturing procedures of such appliances and personally collaborates directly with the consumer! In some countries, including South Africa, the customary procedure remains whereby a Dentist as a go-between does the clinical procedures.

As dentistry has shifted its emphasis to crown & bridgework and implants to treat the partially edentulous population, there has been a trend in dental schools to reduce and in some instances even eliminate removable prosthetic coursework from their curriculum. The average graduated Denturist receives far greater numbers of hours of didactic, as well as technical and clinical instruction than dental students in removable prosthetics.

In 1943 an international dental magazine published the plea by a South African dental specialist for the establishment of a specialist category of clinical denture technician. To date 34 individual Parliaments have implemented this category, with only positive consequences. South Africa lags behind to embrace the positive results of implementing this addition to the Oral Health team, despite having made provision for Clinical Dental Technology through enabling legislation in 1997.

When one reflects on the history of Medicine, physicians were given carte blanche; they handled everything. As they realized they couldn't do it all themselves, support professions developed. Likewise, Dentists and Government need to understand how professional offshoots could benefit Dentistry and more importantly - the dental consumer, according to Paul Levasseur, President of the International Federation of Denturists!

It is a well-established economic principle that the consumer price increases in relation to the length of the chain of supply. Apart from the conventional procedures through a Dentist being complex and sometimes causing many failures, a vast amount of denture wearers simply can't afford the pricing structure of this system.

Denturists worldwide charge an average of 30% - 50% less than Dentists and because of the cost-effectiveness and specialized nature of their services; the dental consumer has been Denturism's greatest ally. A large portion of denture wearers in South Africa count amongst pensioners and the poor, of whom many do not have access to Medical Schemes and mostly falls outside the market that can afford the services of Dentists. They are left to the mercy of unscrupulous "quacks" where they are subjected to:

- ❑ Cross-infection of Hepatitis B, TB and other communicable diseases (possibly even AIDS), due to unhygienic practices;
- ❑ The quality of dentures is often unsuitable due to limited technical knowledge resulting in design and/or manufacturing flaws;
- ❑ The materials are normally stolen; and
- ❑ These fly-by-night characters are unaccountable for recourse after the dentures have been delivered.

Clearly this type of choice is unacceptable as a health service and nobody should have to be limited to such desperation. Despite lip service to public-spirited principles, Dentists maintain an authoritarian mindset by resisting any changes to the status quo, especially attempts to a debate on Human Resource Development in this regard.

Denturists have no ambitions to become Dentists. Denturists are denture experts. They justifiably demand recognition for their expert abilities and training to specialize in their own field, which is to provide the partially or fully edentulous patient with the best possible removable appliances that they are expertly trained to manufacture on a one-to-one basis in a compassionate and professional manner. Inter-professional referrals are standard protocol when the oral condition of the denture wearer deems that.

Denturists worldwide have always specialized in all areas of removable prosthetics. Dentists insisted initially that Denturists be restricted to full dentures only. Logic dictated that Denturists were right to insist on all areas of removable prosthetics, that includes upper and lower, full sets of complete dentures, acrylic & metal partial dentures, including immediate dentures, overdentures, implant supported dentures and also the provision of mouth guards, oral protectors and sleep apnea appliances, as well as any repair, relines, remodel or adjustment thereto.

Historically, the relationship between Dentists and Denturists has in most countries been ambivalent at best, and more often than not, hostile and antagonistic. Legislation has often been shaped and defined by inter-professional conflicts and rivalries. Internationally the popularity of Denturism is spreading gradually with most of the initial legislation being upgraded to keep track of global developments and bringing the scope of practice in line with local demands and international tendencies.

South African Dentists should not view the emergence of Denturism as encroachment on their rights, but rather as a genuine attempt to find solutions to provide the most basic of all oral health services to the elderly and the poor, but also to other denture wearers who should also have the freedom to choose them as direct service provider.

Dentists care for and conserve natural teeth, and prevent and treat diseases of the mouth. Denturists have an explicitly defined role in terms of construction, fitting, patient aftercare and care of dentures after the patient have already lost their teeth. It does not include any modification of teeth or tissue of the mouth. Denturists have the expertise to recognize and refer other dental problems that would require the specialized attention of a dentist for treatment. In some countries it is common to find Dentists, Denturists, Oral Hygienists and other Oral Health professionals supplementing each other's services in group practices.

The question the people of South Africa needs answered is why are we not following the international trend, moving forward together, in a spirit of mutual respect, to champion the only real cause worth tackling, that of the oral health and well being of our communities? That goal can best be achieved by all categories doing their very best in their own expert capacities.

The real controversy is the refusal of the Dental profession to engage in a debate on Denturism, because it will lead to the end of their monopoly. The issue is not about greed or vested rights, but about the provision of the most basic of oral health services to the needy!

REFERENCES

Frizzel CL: A Plea for a Special Dental Course. The Dental Magazine and Oral Topics, Vol 60, April 1943.

Malherbe DF, Du Plessis C: Denturism – A new profession, 1990: Recommendation Report to the SADTC.

Malherbe DF, Steyn LA, Du Plessis C, Fatagodien Z: Clinical Dental Technology: A Quest for Equity in Oral Health Care, 1998: Motivational Report to the SADTC.

Harthorne JE: Denturism – Report on a Feasibility Study conducted in the Western Cape, J of DASA 2002.

Memorandum by The Society for Clinical Dental Technology, on the History of the struggle for recognition of the practice of Denturism in South Africa, submitted on request to the International Federation of Denturists; April 2005.

Memorandum by The Society for Clinical Dental Technology to the Human Resources Cluster of the National Department of Health as a general motivation for the establishment of a category of Clinical Dental Technologist in Oral Health Care. – In response to the Draft Strategic Framework for Human Resources for Health Plan, August 2005.

www.international-denturist.org International Federation of Denturists.

www.nationaldenturist.com American National Denturist Assn.

www.dental-prosthetists.com.au Australian Dental Prosthetists Assn.

www.cdta.org.uk British Clinical Dental Technicians Assn.

www.denturist.org Canadian Denturism Association.

www.onf.nl Dutch Denturists Association.

www.nzidf.org.nz New Zealand CDT Association.

www.us.denturist.com American website.

www.lmtcommunications.com/article/denturism.asp Legislation and web links.