Commentary

If Only We All Cared

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The excellent research study by Drs. Paul S. Cassamassimo, N. Sue Seale, and Kelley Ruchs, “General Practitioners’ Perceptions of Educational and Treatment Issues Affecting Access to Care for Children with Health Care Needs,” in the January 2004 issue of the Journal of Dental Education (vol. 68, no. 1), scientifically and dramatically confirms the results of previous reports that have demonstrated the significantly inadequate level of comprehensive dental services provided for children and adults with special health care needs.1,3

Why are over 2.6 million noninstitutionalized U.S. children (between five and fifteen years of age) with one or more disabilities having difficulty accessing essential dental services?4 According to the Cassamassimo et al. study, only about 10 percent of the responding general dentists reported treating children with cerebral palsy, mental retardation, or medically compromising conditions often or very often. By contrast, almost 70 percent of the respondents reported that they rarely or never treat children with cerebral palsy in their practices. The American Dental Association noted that, in 2000, there were 124,151 active general practitioners in the United States.5 If each general practitioner carried his or her fair share, there would be twenty-one children with a disability per dentist. When only 10 percent of the general practitioners are available, the number of children with disabilities requiring dental services significantly increases to 209 per dentist. While pediatric dentists can certainly reduce the above per dentist numbers, they, by themselves, would be unable to totally eliminate the profession’s ethical responsibility to provide dental care for all children (birth to eighteen years of age), including those with disabilities regardless of age.

It was disheartening to read in this study that only 25 percent of the respondents reported being exposed to an adequate didactic and clinical experience in caring for children with disabilities during their primary dental education. Accordingly, if each dental school provided an adequate curriculum in special needs dentistry, the percentage of graduates treating children with disabilities, over time, would increase to at least 40 percent of the total dental workforce.

I am encouraged by the recent activity of the American Dental Association (ADA) to improve the access to comprehensive dental services for persons with special health care needs. In 2002, the ADA adopted a resolution that directs the national organization to support appropriate initiatives and legislation to foster and improve the oral health of individuals with special needs and encourages similar actions by its constituent and component societies. This resolution also challenges all dental education programs to teach students about the oral health needs and issues of people with special needs.6,7 Other national organizations including Special Olympics, American Academy of Developmental Medicine and Dentistry, American Dental Education Association, American Academy of Pediatric Dentistry, Academy of Dentistry for Persons with Disabilities, and Special Care Dentistry have requested that the Commission on Dental Accreditation (CODA) revise accreditation standards to reflect appropriate curriculum in the area of dental management of patients with developmental disabilities in dental schools. I am pleased that mandatory predoctoral education for all students in this area is currently under consideration by CODA.7
The true barometer of a society’s ethical and moral values is the way it treats its most vulnerable members: its children, elderly citizens, socioeconomically disadvantaged citizens, and persons with developmental or other disabilities.\textsuperscript{8,9} Inadequate reimbursement has often been cited as a major obstacle for the lack of access to comprehensive dental services for individuals with disabilities.\textsuperscript{1,3,7,9} Society has for years been investing in its oral health by providing taxpayer dollars to educate our future dental professionals. In 2000, the average investment per student per year was over $40,000.\textsuperscript{10} Approximately 4,000 students graduate from dental school each year with a combined taxpayer subsidy (over a four-year period) of $640 million. Certainly, it would be very fitting for the dental profession to return this sum in the form of dental services for vulnerable members of society at large. In 2000, dental expenditures in the United States equaled $60 billion.\textsuperscript{5} The annual taxpayer subsidy would therefore equal only 1 percent of the total expenditure dedicated to dental care.

It is my fervent hope that after CODA guides our academic institutions to provide each dental graduate with the necessary didactic and clinical instruction to be competent in delivering dental care to persons with special needs and after organized dentistry maximizes the willingness of dental professionals to provide these services and governmental agencies to find the necessary funding, no individual with a disability will be denied needed comprehensive dental care. If only we all cared.

REFERENCES