Standards of Care—An International Concern

As one travels internationally and attends conferences, converses with local dentists and dental technicians, and generally becomes aware of the quality of dentistry practiced in various parts of the world, it becomes apparent that there is a great diversity in the standards of care provided. This diversity is not only in the ability of a region to provide a given level of care, but also in the demand for such dentistry and the economic potential to acquire it. A procedure or material is of no value to individuals who do not have the economic access to benefit from it. The diversity exists not only in the availability of excellent restorative dentistry but also in the accessibility of basic, functional, physiologically acceptable care.

When individuals are concerned about merely maintaining life, prosthodontic care is not a major concern. The "future" is a matter of surviving today—and there is little thought of tomorrow. At this level, the political and social support must be directed to very basic issues of life. This is not the level of which I am speaking. These problems lie far beyond the province of prosthodontics to address, and it is lamentable that such situations even exist.

As the maintenance of life becomes an achievable right, not a goal, and people can plan to maintain dental health and oral function and even begin to place personal values on esthetic aspects of such care, it becomes dentistry's obligation to be able to meet these needs and desires.

There are still many countries, however, where the mission of dentistry is very basic, and in other more advanced areas the median standard of care would not be acceptable. As barriers between nations are removed and populations become aware of the potential availability of care, that level of care becomes desired and sought after, even though its availability may remain limited.

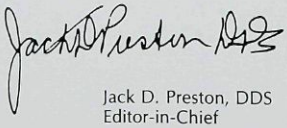
With the progress of science and the increased ability of the dental profession to prevent disease, provide more complete restoration of function, and perform pleasing esthetic modifications, the median standard of care is elevated and patients' expectations are also raised. As knowledge grows, professional and popular awareness is heightened and previously accepted defects or inadequacies are no longer tenable.

Thus, there exists a continued elevation of the upper level of the quality of prosthodontic care, with a concomitantly larger gap between the quality of care at the two extremes. This sets up conflicts, and it should stir some unrest within individuals at all levels of the dental profession. While dental scientists and practitioners in developed countries are striving to improve the quality of care available for a relatively small percentage of the world's population, some thought must be given concerning how adequate care can be provided to more people, in all nations, and at all social and economic strata. I am definitely not saying that everyone must receive the ultimate care. That potential doesn't exist in any facet of society; food, housing, transportation are all available with different standards. However, we should be more concerned about providing improved dental health and function for a much larger section of the world's population than we are currently able to do.

Expanded provision of prosthodontic care may come through broader professional education, enhanced social programs, and dental research. We must be more innovative in our concepts of care delivery and more open to programs and methods that will expand the ability of our profession to make good prosthodontic care more readily available. I fear that we have allowed a decline in the emphasis on prosthodontics in many of the world's dental schools and have focused on the "ideal" as opposed to the "adequate." It is my belief that dental education and dental research must provide these new avenues of care for more people. Those of us in developed countries may also need to make a greater effort to share our knowledge and technology with dentists who have not had access to modern techniques and concepts.

I am hopeful that the new technologies will allow broader application of skilled procedures by less skilled individuals. Computer-based learning, application of artificial intelligence, imaging, and robotics all hold potential for providing to the less proficient and uninformed the skills of the more capable and knowledgeable. Technology is not the only answer, but it does offer hope that was not previously possible.

Most of us tend to develop very esoteric professional interests, and we would do well, individually and collectively, to have more exoteric concerns. Prosthodontic organizations should consider programs of outreach and sharing in underdeveloped areas. Until we can provide care at all social and economic levels, we should not feel too comfortable about the care our patients receive or the skills that we may exhibit. There are many very difficult questions to be answered, and they will not be effectively addressed until more attention is focused upon broad solutions. "Someone else" will not provide those answers.



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