Perspectives in Dental Health Care

There are some unsettling changes taking place in world health care. The almost universally depressed (and depressing) economic situation is causing political leaders, health care providers, third-party payers, and health care administrators to reassess the manner in which health care is offered. There is a great deal of reconsideration of health care delivery mechanisms occurring in an effort to slow the rising costs of therapy in recognition of the progressive inability of the populace to defray such costs.

In the United States, we are being told that the Health Maintenance Organization (HMO) will be the primary method of delivering health care, including dental health care. Many dentists entered the profession to be able to work in an environment that was self-governed. It was thought that a dentist with proper education and skills assumed responsibility for the diagnosis and treatment of those who sought therapy and, upon accepting this responsibility, was given the right to independently render appropriate care. Many of us entered advanced education programs to enhance our skills and improve our ability to provide optimum therapy. The premise that a third party is to wrest away control of such decisions is unacceptable. Is the concept of fee-for-service, self-owned, self-directed practice to become an anachronism?

Many of the readers of this column will ask, "So, what's the problem? We have always practiced under government-directed programs in this country." The problem, to this author, is the increasing decline of the ability of health care practitioners in many countries to render the quality of care to which they aspire as national health care economics and the economic press of third-party provider restrictions make optimum service unavailable.

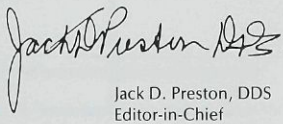
It is ironic that as technical achievements make possible a progressively better quality of diagnosis and care, the costs of such technology remove it from the list of "available services." Patients in many countries find that modalities some of us take for granted, such as CT scans, are not provided under a given health care scheme. The use of dental implants, a proven therapy with long-term benefits, is rarely covered by either government-sponsored or dental insurance programs.

Are we creating a paradox wherein we are developing technical capabilities that are going to be inaccessible to the average user? Is access to more advanced, and more expensive, diagnostic tests to be progressively more restricted? Is long-range health care compromised in the process and are long-term costs increased by such compromises at the planning and prevention stage?

Is dentistry to reach a level at which our patients no longer expect ever-improving oral care? Will patients then come to expect less when we can offer less? Is it possible that a feed-back loop could be established wherein the less-available/less-expected/less-provided continuum results in a downward spiral in both the quality of care provided and further technologic development as well? After all, why develop a product to which a limited few have access?

Frankly, I doubt this will happen, because there will always be an echelon of higher-income patients with the ability to underwrite their own care and who will seek quality care at whatever price is merited. These people will fuel the need for continued research and development. Whether such developments will be available to the majority who need them concerns me, and I believe it should concern every practitioner who is not content with mediocrity.

We cannot afford to be complacent as these changes take place around us. This is a problem of international concern and requires a proactive stance to prevent our profession and our specialty from being assimilated and degraded. Those who have suggestions are encouraged to express them, and everyone should give consideration as to whether the concepts of managed care are reconcilable with the tenets of quality prosthodontic therapy. There are no easy answers to these problems.



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