

# Editorial

## IMAGINE A WORLD WITHOUT IT!



Dr. John P. O'Keefe

When dentists tell me about the difficulties they experience in dealing with third-party payers, I often wonder how dental practice in Canada would be without "insurance." Since their appearance in the early 1970s, pre-paid dental plans have helped make dental care accessible to millions of Canadians.

People with dental plans tend to present for dental care more regularly, and seem to be more prevention oriented than those who do not benefit from these plans. Because of their importance to dental care access, CDA campaigned very effectively over the past decade to ensure that dental plan premiums would not be taxed.

Naturally, dental plans have their shortcomings; however, I have not heard of any perfect system for the delivery of dental care. When some practice management consultants urge dentists to break free of insurance, I am concerned about the patients whose access to comprehen-

sive dental care would be reduced in such a "post-insurance world." In this light, creative ideas about making comprehensive care more accessible to all Canadians are welcome.

Dr. Luc Dugal makes an interesting contribution to the subject in this edition. He highlights the fact that most traditional dental plans are defined benefits plans, and suggests that defined contribution plans would be simpler to administer and would leave employers, patients and dentists clearer about responsibilities and benefits.

Under direct reimbursement — the basis for defined contribution plans — the employer sets up a dental spending account for employees which pays for treatments up to a pre-defined dollar value. The employer reimburses employees upon receipt of their dental care bills. Dr. Dugal proposes that this idea has been coldly received by current dental plan administrators because their role would potentially be eliminated.

Also on the question of dental plans, Dr. Brian Barrett makes a passionate plea to the profession not to endanger the future of dental plans and self-regulation. In his debate piece, Dr. Barrett examines the predetermination process from two perspectives: that of the private dental practitioner, and the dental consultant with a third-party payer. He claims that some 10% of the predetermination forms he sees on an annual basis contain questionable treatment plans. Dr. Barrett expresses concern that a minority of dentists can have a serious impact on the deserved good name of our profession.

Dr. Trey Petty speaks of the need for universal precautions in dentistry in his debate piece entitled "Accepting the Need for 'Overkill' in Infection Control." In this article, the author contends that while we may never have the 100% rock-solid evidence that cross-infection takes place in dentistry, we certainly have strong evidence that cross-contamination takes place when universal precautions are not adhered to. "The absolute science may not be there, but we are a profession that holds

the safety of our patients in our hands. We need to err on the side of caution."

Dr. Petty was a speaker at the recent National Conference on Infection Control and Occupational Health, jointly sponsored by CDA and the University of Western Ontario. I have asked all the experts who spoke at the conference to submit papers based on their presentations and I look forward to publishing these papers as soon as possible.

Dr. Dorothy McComb has reviewed the evidence underlying the use of caries detector dyes for her paper. In her conclusion, she states: "As none of the available caries detector dyes is caries specific, their routine use may lead to a profound degree of over-treatment."

Dr. McComb's statement that there is "a considerable body of evidence that inadvertent sealing of early dentinal caries by a fissure sealant is of little consequence, as it will become arrested and not progress" is particularly interesting in light of the questions raised by Dr. William Liebenberg in this month's Clinical Abstracts section. The issue of how to deal with residual caries should provoke some interesting debate in future editions.

Another issue that has raised some controversy in the *Journal* over the past couple of years has been the approach to the treatment of TMD. Drs. Barkin and Weinberg review the field of internal derangements of the TMJ and the role of arthroscopic surgery and arthrocentesis in their treatment. The authors conclude that until there is better evidence available, the role of these procedures in the treatment of internal derangements remains unclear.

While Dr. Paul Tabakman, in his letter to the editor, worries about the effect budget cuts are having on the *JCDA*, I believe that the articles in this edition show that a lean *JCDA* can be lively and useful.

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