Editorial

HOSPITAL DISCHARGE IS BAD FOR DENTISTRY

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Some say that it is advantageous for dentistry not to be on the radar screen of government. Yet a serious disadvantage of dentistry not being considered a health service by decision-makers manifested itself recently in Toronto.

In December, the Toronto General Hospital (TGH), one of the largest teaching hospitals in the country, decided to close its dental program, the oral and maxillofacial surgery treatment program and a residency program for the education of surgical specialists. Our colleagues must seek an alternative location and budget to continue their work, as of the end of June.

If the TGH has no room for dentistry, what is the future of hospital dentistry in Canada? Many of the treatments provided in dental departments fall under the definition of "medically necessary" acts covered by Canada's publicly funded health care system. Yet our medical colleagues seem to consider conditions involving the orofacial complex to be less medically necessary than other conditions.

Major trauma cases, those with complex orofacial syndromes and those with serious medical conditions receive oral health care at major centres such as the TGH. There are now only 5 in Canada and the closure of the Toronto facility can hardly augur well for the others. From what I hear, many hospital dental departments are struggling to keep afloat or are threatened with closure.

The consequences of dentistry being eased out of Canadian hospitals will be far-reaching. Seriously ill patients and those with very compromised quality of life will not have access to necessary levels of care. Our medical colleagues may argue that specialists without a dental background can adequately treat such patients. Yet, in recent years, at least 1 patient with a major odontogenic infection died in circumstances that, according to a newspaper report, may have been avoided if oral and maxillofacial surgical specialists had been involved.

With fewer dental as well as oral and maxillofacial surgery facilities available in hospital facilities, general dentists will find it increasingly difficult to refer medically compromised patients for appropriate oral health care. With an aging population, more patients with complications of this nature will show up for treatment at your office.

I believe that losing our foothold in hospitals will have a deleterious effect on the status of dentistry as a "senior" health profession. Perhaps our medical colleagues believe that our rightful place is in the private sector and not taking up their valuable operating room time and resources. That argument works fine for patients who can afford private treatment. The sad thing is that the less well-off also need the advanced dental care that is most appropriately provided in hospital settings.

What can we do about the demise of hospital dentistry in Canada? At the individual level, we can educate patients and our medical and nursing colleagues that "dentistry is not just teeth" and that some patients require oral health care in hospital facilities. We can encourage the patients we refer to centres such as the TGH to speak out about the necessity of such specialized centres and the quality of care they receive there. We can impress upon our federal and provincial politicians the unalterable fact that these facilities are important and need funding.

At the dental association level, we can adopt 3 main strategies. We can strike a hospital dentistry committee, which will receive adequate resources to examine the issues facing hospital dentistry. And we can propose solutions for the issues facing the sector. CDA has a hospital dentistry subcommittee, but it needs legs! Based on the recommendations of such committees, we must advocate for hospital dentistry at the national and provincial levels.

Finally, our greatest allies in advocating for proper resources for hospital dentistry are patient groups. Politicians listen to citizens' groups with large numbers of voters. Health advocacy groups are increasingly influential in shaping the health care policy debate. Our profession — and I believe CDA can take a lead here — must develop coalitions with national health advocacy groups for the provision of appropriate oral health care for all Canadians. I don't foresee the creation of an oral health advocacy group per se, however. Yet I believe that there are many advocacy groups that could be persuaded to include oral health on their agenda.

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