



Dr. Wayne Halstrom

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The Pathway Forward

Having reached the midway point of my term as CDA president, I have had the opportunity to visit many of the provincial organizations that form the broader Canadian dental community. During these travels, I have developed a new appreciation for the complexity of the regional and national issues that our profession must grapple with. However, my duties related to the international mandate of CDA have been particularly enlightening, making it clear to me that our professional issues extend beyond any provincial or national borders.

I recently attended the FDI World Dental Congress in Shenzhen, China, and participated in the FDI World Dental Parliament. Representatives of 134 countries were in attendance at this year's session, giving voice to 1 million dentists worldwide. It is critically important that Canadian dentists are represented at these meetings, as policies adopted at the session could affect our national profession. CDA actively participates in FDI to represent the interests of Canadian dentistry on the global scene and has developed a positive reputation within the international dentistry community.

During the debates and discussions surrounding the adoption of FDI policy statements, I realized that the problems faced by the global dental profession are at once disparate yet remarkably similar. Issues such as access to care, accreditation and commercialization are universal, but the social and economic pressures vary from constituency to constituency. For instance, the adoption of a policy on standards of care would have quite a different impact in a relatively underprivileged nation compared to Canada. Yet adoption of such a resolution without consideration of its economic impact would be sure to catch the attention of the payor groups in a country like Canada, be they governmental or private sector insurers.

Certain international developments caught my attention at FDI. The Australian Dental Association advised that their federal government is looking to establish a single national registration board for health professionals. This is quite different from our Canadian model, which features provincial regulatory bodies and national accreditation boards. I believe that our current system is quite effective, but events in Australia will need to be monitored closely by our profession to assess possible repercussions in Canada, especially since those who grant us the right to self-regulation will no doubt be watching as well.

My time at FDI also made it clear that the commercialization of dentistry is a worldwide phenomenon. A host of countries are experiencing an encroachment on the dentist-patient relationship, which I believe is due to a general failure to separate and identify the costs of treatment.

Perhaps the profession could do a better job of distinguishing between “investment” income and “professional” income. A dentist in private practice has a significant investment in the practice. This investment has a right to earn income. Yet when analyzing our profession's income, some decision-makers equate gross income with net income. These erroneous conclusions lead to perceptions that dentists are comparatively overpaid, that the cost of treatment is unreasonable and that pricing levels are uncompetitive.

I liken this situation to the delivery of a load of gravel for your driveway. We do not expect the driver to be solely responsible for the cost of that load. Rather, we recognize that there are expenses related to the truck, its maintenance, licensing and fuel. The dental profession must become better at explaining this kind of differentiation within our own domain.

We must actively move to engage decision-makers and to educate them not only on the costs related to the delivery of quality professional care but also on the dangers of accepting the principle that the cost of care is the primary consideration. We must expose the falsehood that underqualified providers can offer the same levels of care as dental professionals, but at reduced rates. National dental associations must continue to defend the interests of our patients to governing bodies in order to ensure they receive optimal oral care.

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