

# Public Awareness Assessment: regarding Qualified and Unqualified Dental Practitioners. What difference does it makes in Treatment Outcome

**1. Arsalan Mirza 2. Syed Ghazanfar Hassan 3. Muhammad Shahzad**

**4. Ghulam Habib Arain**

1. FCPS-II Trainee 2. Asstt. Prof. 3. Asstt. Prof. 4. Lecturer, Dept. of Oral Maxillofacial Surgery,  
Liaquat University of Medical & Health Sciences

## ABSTRACT

**Objective:** An increasing number of unqualified dental practitioners in Pakistan are risking public, who say that so called doctors, are playing with patients health and lives. Unqualified practitioners not only fail to provide relief to patients but also contributes to spread of diseases e.g. Hepatitis C because of the use of infected syringes and delay in reaching appropriate diagnosis with generating misconceptions in public regarding health issues. There is need to create public awareness about health risks incurred when people visits unqualified dental practitioners.

**Study Design:** descriptive type of study survey.

**Place and Duration of Study:** This study was conducted at Dental OPDs at LUMHS Jamshoro /Hyderabad and different private clinics at Jamshoro/Hyderabad during the months of October to December, 2012.

**Materials and Methods:** We did assessment on the awareness level in people of Jamshoro/Hyderabad, regarding qualified and unqualified dental practitioner and what difference does it makes in treatment outcome.

To a sample comprising of 3087 individuals, an assessment questionnaire comprising twelve items related to the objectives was developed and administered for survey. Data is analyzed using SPSS 17 application software.

**Results:** The questionnaire was responded by 3059 individuals. Response rate was 99.09%, among respondents 53% males and 47% females. Only 68.7 % patients reported that they were aware of difference in qualified and unqualified dental practitioners, 56% individuals reported that they ask about qualification of dental of practitioner before treatment whether he is qualified or unqualified, 43% individuals reported that qualified dental practitioner's treatment is better outcome, 29% individuals reported treatment outcome more or less similar whether it qualified or unqualified, 24% individuals reported that unqualified dental practitioner's treatment is better outcome. 66% individuals reported that they like to visit unqualified dental practitioner because of socio-economic reasons, 23.6% individuals reported that they like to visit unqualified dental practitioner because they feel more comfortable, 10.4% individuals reported that they like to visit unqualified dental practitioner because of unavailability of qualified dental practitioners in their areas.

**Conclusion:** Especial awareness campaigns should be launch to ensure that the masses refrain from going to unqualified dental practitioners. We can help out concerned authorities to play their role to curb the practices of unqualified dental practitioners.

**Key Words:** awareness, un-qualified practitioners, public, outcome.

## INTRODUCTION

An increasing number of unqualified dental practitioners in Pakistan are risking public, who say that so called dentists, are playing with patients health and lives. Unqualified dental practitioners not only fail to provide relief to patients but also contributes to spread of diseases e.g. hepatitis B and hepatitis C because of the use of infected syringes and delay in reaching appropriate diagnosis with generating misconceptions in public regarding health issues. Quacks thrive on treating conditions with variable and ill-defined symptoms which leads to disease incurable 1. There is need to create public awareness about health risks incurred when people visits unqualified dental practitioners. To hi-light such mal-practices in dentistry

and the factors involved in their flourishing in our society this study was conducted.

## MATERIALS AND METHODS

We did assessment on the awareness level in people of Jamshoro/Hyderabad, regarding qualified and unqualified dental practitioner and what difference does it makes in treatment outcome.

A descriptive type of study survey was conducted on the sample size comprising of 3087 individuals who visited dental OPDs at LUMHS Jamshoro /Hyderabad and different private clinical setup in Hyderabad /Jamshoro, during the months of October to December, 2012.

An assessment questionnaire comprising twelve items related to the objectives was developed and

administered to survey. Data is analyzed using SPSS 17 application software.

## RESULTS

The questionnaire was responded by 3059 individuals. Response rate was 99.09%, among respondents 53% males and 47% females. (Figure 1)

In this study, only 68.7 % patients reported that they were aware of difference in qualified and unqualified dental practitioners, while 31.3% were unaware. (Figure 2)

Only 56% individuals reported that they ask about qualification of dental of practitioner before treatment whether he is qualified or unqualified, while 44% individual reported they never ask about it. (Figure 3)

Regarding the level of satisfaction of patients with qualified and unqualified dental practitioners; 43% individuals reported that qualified dental practitioner's treatment have better outcome, 29% individuals reported treatment outcome more or less similar whether it qualified or unqualified, 24% individuals reported that unqualified dental practitioner's treatment have better treatment outcome. (figure 4)

The reported reason for visiting unqualified dental practitioner instead of qualified dental practitioner; 66% individuals reported that they like to visit unqualified dental practitioner because of socio-economic reasons, 23.6% individuals reported that they like to visit unqualified dental practitioner because they feel more comfortable, 10.4% individuals reported that they like to visit unqualified dental practitioner because of unavailability of qualified dental practitioners in their areas. (figure 5)

Regarding frequency and reasons of visiting qualified dental practitioners; 57% individuals reported that they visited qualified dental practitioners only in cases of dental emergencies, only 3% people reported that they visited qualified dental practitioners for routine dental check-up while 30% people reported that they visited qualified dental practitioners for other reasons than dental emergencies and routine check-up, e.g.: aesthetics or restorative purpose. (figure 6)

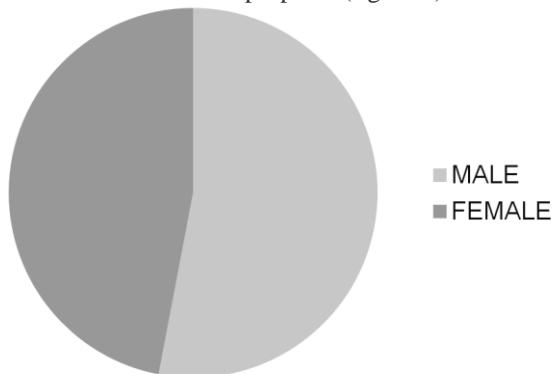


Figure No.1: Male to female ratio of respondents of study survey.

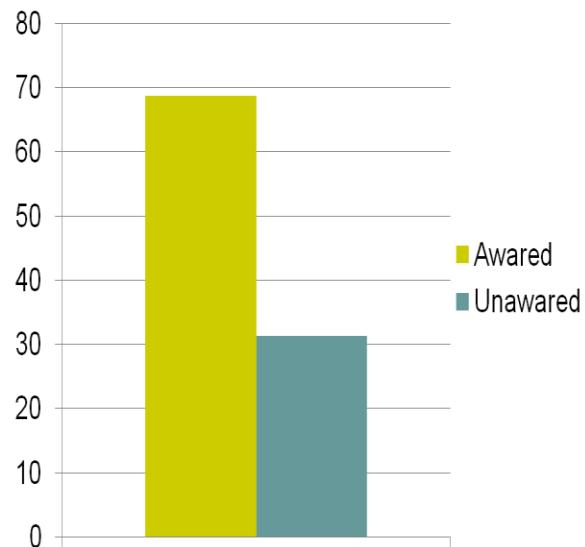


Figure No.2: level of awareness in general masses regarding difference between qualified and unqualified dental practitioners.

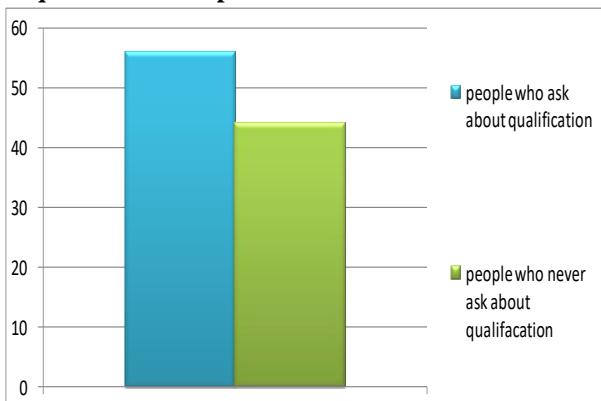


Figure No.3: percentage of people who ask about qualification of dental practitioners, whenever they visit for treatment purpose.

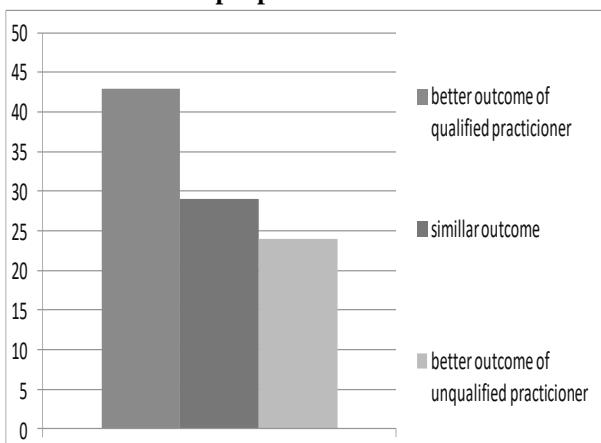
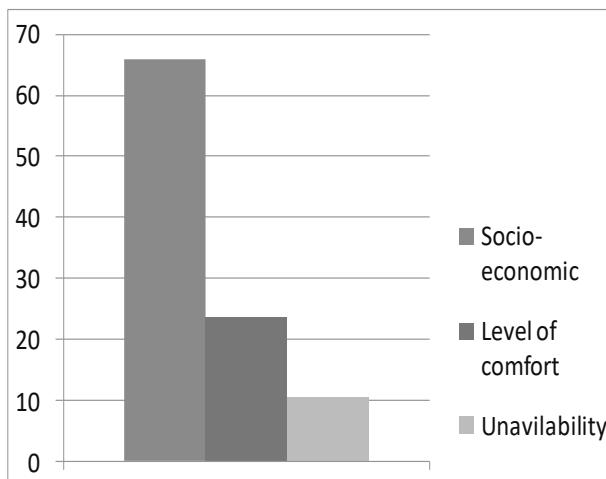
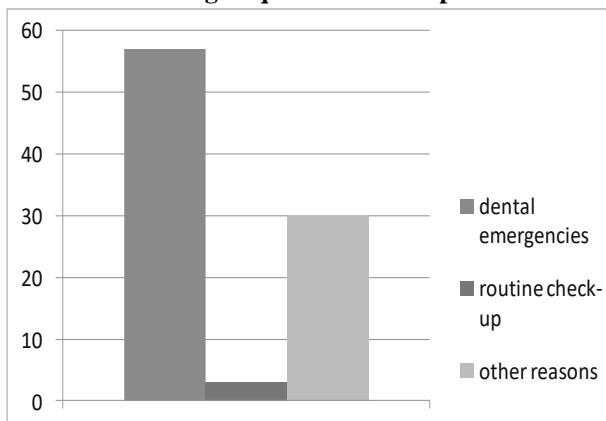


Figure 4: perception in general masses regarding comparative treatment outcome qualified and unqualified dental practitioners.



**Figure No.5: comparative percentages of different reasons for visiting unqualified dental practitioners.**



**Figure No.6: comparative percentages of different reasons for visiting qualified dental practitioners.**

## DISCUSSION

There are 12,839 qualified dental surgeons in the country against 40,000 unqualified dental practitioners in Pakistan 2, 3. "Presence of these unqualified dental practitioners causing havoc in the society which is a matter of serious concern, "There was one qualified dentist for every 3,200 individuals in a city like Hyderabad against one qualified dentist for a population of 90,000 in rural parts of Sindh 3, 4. "One can barely find a qualified dentist in distant rural areas of the Sindh". Unavailability of qualified dental practitioners again gives chances for unqualified dental practitioners to grow.

"Mal-dental practices have been identified as a possible route of transmission of Hepatitis B, C, and HIV/AIDS in the community 5". "What is being ignored that these unqualified dental practitioners are the major source contributory to the spread of Hepatitis B and C in the society". "These quacks are threat to the oral health of the population resulting in undesired consequences. This is due to the fact that the kind of treatment they provide is often substandard and destructive to oral

tissues. Sterilization and cleanliness is mostly neglected 6".

Quacks are not equipped with standard sterilization methods. In a study showed that only "3.2% use the autoclave, whereas out of the 96.2% of the remaining lot; 43.5% are using boiling water, 40.3% use plain water irrigation, 14.5% are using disinfectants (like dettol, methylated spirit, pyodine) while 1.6% use flame 7". Quacks use unclean and un-sterilized tools which caused serious infections. "Patients were even infected with lethal diseases like Hepatitis B and C due to a bad hygienic condition."

In this study, Socio-economic factor found to be major reason for visiting unqualified dental practitioner as in other local and international studies 7, 8, 9. Qualified dentist are charging much higher for their professional expertise than an unqualified dental practitioner. Dental practitioner should make their charges affordable for everyone, so quality dental service becomes available for maximum number of population. Lavish dental clinics setup, un-required decoration and flourishing ultimately increases cost over patients; also it makes psychological impact for being expensive for patients.

Dental treatments were costly and beyond the affordability of patients who were left with no way out but to approach street dentists and quacks at the expense of their health from where they get gifts of other lethal diseases 7, 8. Due to the hefty sums that have to be paid to the treatment of dental problems, people visit unqualified dental practitioner rather than qualified dental practitioner, at the risk of their health 8, 11, 12.

In this study, it was reported that 57% of individual visited qualified dental practitioners only in case of dental emergencies while only 3 % individuals visited qualified dental practitioner for routine dental check-up. It's mainly because of socio-economic factor, as it is reported in this study which kept the people away from qualified dental practitioners and gave the more chances to masses to visit unqualified dental practitioners. If the charges of qualified dental practitioners is reduced to an affordable amount than masses will probably divert towards qualified dental practitioners.

A large numbers of quacks have set up their clinics in streets of the cities while the authorities concerned have turned a blind eye toward the matter. Used syringes and unsterilized instruments were being used by these unqualified dental practitioners, which could transmit serious diseases. Besides rural areas, unqualified dental practitioners were functional in the jurisdictions of the big cities 7.

Concerned authorities have not taken any pragmatic step to curb the menace of unqualified dental practitioners. There is no legal provision to counter quackery in Pakistan. Pakistan medical & dental council rules are only applicable on qualified dentists

and doctors, registered with it, for any malpractice. Periodic monitoring against PMDC registered dentists indulged in misuse of their licenses can deter unqualified dental practitioners". Concerned authorities were reluctant to address the menace of unqualified dental practitioners; consequently the business was progressing leaps and bounds.

The citizen complained that despite tall claims of the concerned authorities, no action has been taken against some influential practitioners due to the slackness of the health department. The citizen condemns the government for its failure to take action against those who are playing with the lives of poor people and demanded stern action against them. Punishment for Inhuman activities, real deterrent and the government should come up with stringent measures against mal dental practices by unqualified dental practitioners.

## CONCLUSION

Special awareness campaigns should be launch to ensure that the masses refrain from unqualified dental practitioners to qualified dental practitioners. Qualified dental practitioners should reduce their charges to make it affordable for every individual. Dental clinics should not be lavish and un-required decorate to avoid the extra financial burden over patients; also to avoid psychological impact for being expensive for patients. We can help out concerned authorities to play their role to curb the practices of unqualified dental practitioners. There should be a massive drive against unqualified dental practitioners to bring about a healthy change in society.

## REFERENCES

1. Healey D, Lyons K. Evidence-based practice in dentistry. New Zealand Dental Journal, 2002 – Available from: endoexperience.com
2. FDI (International Dental Federation) Basic Fact Sheet, 2003.
3. Pakistan medical and dental council's statics, March 2013.
4. National Census Report of Pakistan - 2012. Government of Pakistan. Available from: [http://en.wikipedia.org/wiki/Hyderabad\\_District,\\_Pakistan](http://en.wikipedia.org/wiki/Hyderabad_District,_Pakistan), <http://www.jamshoro.com.pk/Population.htm>
5. Butt AK, Khan AA, Khan SY, Ijaz S. Dentistry as a possible route of Hepatitis C transmission in Pakistan. Int Dent J 2003; 53: 141-144.
6. Khan AA; Cross Infection Control Methods in Dental Practice: A Pilot Survey of Lahore, Pakistan. J Pak Dent Assoc 1997;8(1):33-37.
7. Abdul S K, Ayma S, Amreena Q, Sharea, Ayyaz AK. Evaluation of problems related to malpractice and professionalism in Islamabad-A study. Pakistan Oral & Dent J 2004;24 (1).
8. Naidu RS, Gobin I, Newton JT. Perceptions and use of dental quacks (unqualified dental practitioners) and self rated oral health in Trinidad. Int Dent J 2003;53(6):447-54.
9. Sandesh N, Mohapatra AK. Street dentistry: Time to tackle quackery. Indian J Dent Res [serial online] 2009 [cited 2013 Mar 31]; 20:1-2. Available from: <http://www.ijdr.in/text.asp?2009/20/1/49046>
10. Dunning JM. Principles of dental public health. 4th ed. Harward University Press; 1986. p. 453-4.
11. Ring ME. Quackery in Dentistry - Past and Present .Journal of the California Dental Association 1998.
12. Simon Says Solutions. Infection Control-2006.Picks, Tricks & Measuring Sticks. Available from: [www.simonsaysolutions.com](http://www.simonsaysolutions.com)
13. Oumeish OY. The philosophical, cultural and historical aspects of complementary, alternative, unconventional and integrative medicine in the old world. Arch Dermatol 1998; 134:1373-86.
14. CS Greene. Holistic dentistry. Where does the holistic end and the quackery begin? The J of the Am Dental Assoc 1981 - [adajournal.com](http://www.adajournal.com)
15. Mandel ID. Dental quackery: a retrospective view. JADA 1994; 125: 153-60.
16. BH Goldstein Unconventional dentistry: Part II. Practitioners and patients. – Journal of-Canadian detal ass, 2000 - [cda-adc.c](http://www.cda-adc.c).
17. Berry JH. Emphasis. Questionable care: what can be done about dental quackery? JADA 1987;115: 679-85.
18. ID Mandel - Dental quackery: a retrospective view. The Journal of the American Dental Assoc 1994 – Available from: [jada-plus.com](http://www.jada-plus.com)
19. Mag-ann WE. The whole tooth: What you must know to find a good dentist, keep healthy teeth, and avoid he quacks, incompetents and frauds. The J of the American Dental Assoc 1998 - Am Dental Assoc.
20. Samuel H A: Journalist and Muckraker. American Journal of Public Health, 2010 - [ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)

### Address for Corresponding Author:

**Dr Muhammad Shahzad**

Assistant Professor

Department Of Oral Maxillofacial Surgery  
Liaquat University of Medical & Health Sciences  
E-mail. [dentistshahzad@gmail.com](mailto:dentistshahzad@gmail.com)  
Mobile No. 0333-2641067