

ORIGINAL ARTICLE

Evaluation of Reasons for Patients' Visits to Non Qualified Dental Practitioners and Level of Malpractice Causing Complications

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ABSTRACT

Objective: To find out the reasons for patients preference to get treatment from non-qualified dental practitioners along with the level of malpractice by such practitioners and resultant complications.

Study Design: A descriptive cross-sectional study.

Place and Duration of Study: This study was conducted in the prosthodontics department of Islamic International Dental Hospital and includes the data from a two months period from 1st March to 30th April 2014.

Materials and Methods: Our study is based on a questionnaire survey from patients who visited the department of prosthodontics of a teaching dental hospital. Our sample size was 25 patients who were included by convenient sampling. The collected data was analysed by using Microsoft Excel 2013.

Results: The demographic results come out to be 72% males and 28% females who have become the victim of dental malpractice. Sixty four percent of the patients reported that the most common cause of visiting a non-qualified dental personnel was that they are unaware of a proper dentist. Secondly, they lacked access to a proper dentist or they had an easy access to a non-qualified dental practitioner in their locality (36%). Financial considerations were found to be the main factor as most of these families belonged to a low socioeconomic status. These results depict variations in the sources of information and clinical patterns of treatment outcomes.

Conclusion: Our study highlights that lack of awareness on behalf of patients to identify qualified dentists, low socioeconomic status and easy accessibility to non-qualified dental practitioner are the main reasons for the patients inclination to get treatment from non qualified dental practitioner. The resultant malpractice especially the self cure dentures, leads to complications which are not normally encountered with recognized treatment protocols in dental practice.

Keywords: *Accessibility, Complications, Malpractice, Non-qualified Dentists.*

Introduction

According to FDI (Foreign Direct Investment) fact sheet, around 40,000 un-licensed dental health providers are working in Pakistan.^{1,2} In a study Benzian reported that there were three times more un-licensed dental health providers than the fully qualified dentists in Morocco.³ Regarding the demographic trends of patients, Mirza A. established that among the patients visiting these non-qualified practitioners, 53% were males and 47% were females. Moreover, the study also documented that only 69% were aware of the difference between a qualified and non-qualified dental health provider.⁴ People approach the un-licensed practitioners due to a variety of reasons including illiteracy, poor accessibility, increased population, high cost of treatment and low social and economic status.¹ In 2003, Naidu conducted a study in Trinidad which

proposed that, the two main reasons for visiting a quack were low cost (53%) and easy access (20%).⁵ In another study Nils Rene claimed that Prosthodontics was the most commonly involved department in dental mal-practice in Sweden.⁶ Keeping in view the importance of addressing the issue of mal-practice in prosthodontics, this article only discusses the patients having prosthetic treatment done by non-qualified persons and it emphasizes on bridging the gap between the dentist and the population to avoid malpractice. Many studies have raised this issue of dental malpractice but society has failed to eradicate this problem by educating the masses. The aim of this study was to find out the reasons for patients preference to get treatment from non-qualified dental practitioners along with the level of malpractice and to mention the complications associated with the faulty prosthesis, in order to create awareness in general population, to eradicate the causative factors and to improve the quality of dental health practice. Our study emphasizes on the fact that as responsible dentists, we should provide our health services to people living in remote areas and to those having low socio-economic status.⁷

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Materials and Methods

It was a cross-sectional study based on a 9-term questionnaire including questions regarding the personal profile, complains with the prosthesis and causative factors of visiting a non-qualified dental practitioner. The questionnaire was approved by subject expert panel. The study was conducted in prosthodontics department of Islamic international dental hospital from the 1st March to 30th April 2014. Our sample size was 25 patients which were included using the convenient sampling technique. For the data collection patients visiting the department of prosthodontics were interviewed according to the designed questionnaire. The patients with complaints of dental mal-practice in prosthodontics restorations were included in our study while patients who have experienced mal practice in restorations other than prosthodontics were excluded. Collected data was analysed by using Microsoft Excel 2013 and descriptive statistics were applied for data analysis.

Results

According to our survey done by the help of the questionnaire, the demographic results come out to be 72% males and 28% females who have become the victim of dental mal practice. Age wise distribution reveals 36% patients from age 30-50 years, 56% from age 50-70 years and 8% from age 71-90 years underwent treatment by the nonqualified dental personnel. There are certain strong causative factors which restricted the patients from getting a better treatment from a dentist. The lack of awareness on behalf of patients to identify a proper dentist (64%), along with easy accessibility to a non-qualified dental practitioner (36%) were the main reasons for the patients to opt for treatment by non-qualified dental practitioner (Table I). Financial considerations were also found to be the main factors as most of these families belong to a low socioeconomic status. Most of the prostheses made by the non-qualified dental practitioners were self-cure fixed dentures which were 72%, 8% were the dentures fixed by wires and 20% were dentures with suction disks (Table II). Addressing the complications of these faulty prostheses, 36% of patients suffered from pain, gingivitis 28%, mobile teeth adjacent to the dentures 20%, periodontitis, ulceration and bone

resorption were 4% each, 8% patients were unable to eat and 8% had complication of sinus tract, 12% had complained of infection, 24% complained of halitosis and 80% reported poor oral hygiene (Table III).

Table I: Causative factors of visiting non-qualified dental personnel

Causative factors	No of patients	Percentages%
Unawareness	16	64%
Access issue	9	36%

Table II: Types of Prostheses made as result of mal practice

Types of prosthesis	No of patients	Percentage%
Self cure denture	18	72%
Denture fixed by wires	2	8%
CD with suction disk	5	20%

Table III: Frequency of Complications of Wearing Faulty Prosthesis

Complications	No of patients	Percentages %
Pain	9	36%
Gingivitis	7	28%
Mobile tooth	5	20%
Ulceration	1	4%
Sinus tract	2	8%
Periodontitis	1	4%
Infection	3	12%
Unable to eat	2	8%
Bone Resorption	1	4%
Halitosis	6	24%
Poor oral hygiene	20	80%

Discussion

Currently Pakistan is having only one dentist for every 200,000 people, while according to the WHO, Pakistan should have one dentist for every 20,000. This gap has created many issues for the dentist community as the unlicensed practitioners have increased and it has become difficult to maintain the reputation of the profession.¹ This lack of qualified dentists has flourished the work of unqualified dental personnel. Based on this fact our current

study showed 18 male and 7 female patients who fell prey for the non-qualified dental practitioners after which they visited the tertiary care hospital to address their complications. Age wise distribution of the patients reveals 56% patients from 50-70 years of age. Most of the patients due to their desire for fixed prostheses visited the non-qualified dental personnel and for that matter self-cure fixed denture is a common practice. There are certain causative factors which deprive a particular population from receiving a quality dental treatment. Financial issues are the most important causative factors as a population of low socioeconomic status and low literacy rate becomes a target of such malpractice. According to this survey all patients having low socioeconomic status had financial problems, apart from that 64% were unaware about the difference between a qualified dentist and an unqualified dental personnel. They were also not aware of the proper treatment protocols which lead them to such substandard treatments. 36% of these subjects had no access to a qualified dentist and yet had easy access to a non-qualified dental personnel. This study also reinforced the conclusions of a similar study conducted in Pakistan revealing the low socioeconomic status (66%) to be the main cause, following the un-availability of health centres (10%).⁴ Out of total prostheses reported, 72% were self-cure dentures while 20% were dentures fabricated with suction disks and 8% were dentures attached with wires. Some patients had filling of the midline diastema with artificial teeth retained with self-cure acrylic.⁸ Barriers to dental visit are linked to personal and environmental factors.⁹ Most of these subjects were referred by their family and friends either to save money or the simple fact of knowing the person. Tremendous results were gathered related to the associated complications. The unsuspecting patients hoping to get their dental problems done by a quick and easy remedy often ends up with botched procedures that are not only painful but also destructive.¹⁰ Almost in all patients, the oral hygiene got worse. Pain, gingivitis, periodontitis, ulceration, infection, damage to the adjacent teeth and halitosis were some of the complications which needed immediate care. However the satisfaction level of the patients was disappointing for the researchers as they were satisfied with their prostheses but many

other parameters affected this satisfaction level. It is difficult to address all the aspects of mal practice in one study. Unqualified persons working as dentists are not substitutes for qualified dentists.¹⁰ This was a very critical situation which needed to be properly addressed. There was found a need to explore the public health, legal, professional, socio economical and ethical dimensions of this problem.¹¹

Conclusion

Our study highlights that lack of awareness on behalf of patients to identify qualified dentists, low socioeconomic status and easy accessibility to non-qualified dental practitioner are the main reasons for the patients inclination to get treatment from non qualified dental practitioner. The resultant malpractice especially the self cure dentures, leads to complications which are not normally encountered with recognized treatment protocols in dental practice. The complications such as pain, ulceration and infection adds to the misery of the patients. The gap between the population and the dentists needs to be filled. This situation should be of great concern as it damages the individual health and the public's trust in dental profession.¹² It is pertinent to set up a judicial body which controls such mal practice.¹³ The government should urge the fresh graduates to practice in rural areas and provide more incentives to them.¹⁴ Dentist should devote more time to community oriented oral health programs to increase the awareness among the population. The dental practitioners must adhere to the ethical principles and acceptable standards of patient care.¹⁵

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