

Less Is Not More

German architect Ludwig Mies van der Rohe was known for his philosophy of “less is more” in his designs. He attempted to create neutral spaces based on both material openness and structural integrity with simplicity of form that defined a place in the history of architecture. But in life, less is not always more.

In an earlier column, the concept of the Alaska dental health aide therapist was mentioned as a means to provide access to care for the Alaska native population that is geographically removed from traditional types of care. This merits further exploration in consideration of the far-reaching implications of this project.

These therapists would be high school graduates who would receive 18 to 24 months of training in dentistry; although it is rumored the programs are expected to increase to 36 months in the future. After the completion of their formal education, they will be assigned to dentists for supervised practice in the form of preceptorship, after which they will be sent out to remote areas of the state to provide primary dental care under general supervision. Their responsibilities include treating the natives with irreversible and invasive procedures, including fillings, stainless-steel crowns and simple extractions. One can only imagine the potential for damage that could occur in a difficult restoration where the caries is unexpectedly difficult to remove, but this problem pales compared to the surgical procedure of removing a decayed tooth that no longer defines itself as a simple extraction. Postoperative complications from either of

these procedures can be dreadful.

The justification for this radical idea lies in the relatively large number of Alaska natives in remote areas of the state forced to go without dental care. Couple this with the increasing consumption of carbonated sugar-based beverages and generalized poor dietary habits, and one can understand the significance of the problem and the potential for greater need further down the line. The rationale for the dental health aide programs (which include preventive therapists as well, a concept that is good) is that the culture will allow local people to be more effective in caring for their own.

The American Dental Association has taken a strong stand on the therapist program and reinforces the idea that only dentists should provide invasive dental care to ensure the quality of service and proper patient management. As an alternative, the ADA has proposed Operation Backlog, a program designed to provide care to this “at-risk” population by dentists from Alaska and other states. The program would develop a pool of individuals willing to go to these areas and assist patients. Supplementing the professionals would be a cadre of dental health aides — a program already in the works — to provide both education and noninvasive care.

Some contend that family practice physicians and pediatricians can provide minimal levels of dental care to pediatric patients. It has been reported at a recent ADA meeting that only 9 percent of pediatricians understand the issues of oral health. This disappointing statistic



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supports the need for a combination of increased care for children by dentists and increased oral health education for our physician colleagues. Family practice physicians and pediatricians are capable of educating their patients on diet, the destructive nature of baby bottle caries, and the need for fluoride. They are not educated in, and (one would surmise) have little interest in, placing sealants or doing dental procedures. The ability to evaluate patients and make appropriate referrals will go a long way to improving the dental health of this population.

The problem of access to care for these natives is real, and the need is increasing at alarming rates. Solutions are needed, but the safety of patients must not be compromised. Some argue that any care is better than no care at all, but it must be remembered that the first rule of medicine is to do no harm to your patient. That it is the minimally trained therapist versus no care at all is a specious argument.

We cannot allow or support the provision of invasive, irreversible, and potentially dangerous treatment by other than well-educated dentists. To do so decreases the quality of care and increases the risks of disaster. Even in remote areas, everyone deserves equally trained medical attention. Provision of dental care by nondentists is diametrically opposed to all that we stand for, and must never be the standard, even for isolated subsets of our population. **CDA**

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