Unqualified dental practitioners or quacks in Sri Lanka

Dileep De Silva and N.T. Gamage

Abstract
Objective: This survey was carried out to identify the number and distribution of Unqualified Dental Practitioners (quacks) in Sri Lanka, as an extension to a study done by the 1st author on the same subject in 2007.

Methodology: A structured questionnaire was administered to all Regional Dental Surgeons via telephone interviews.

Results: The number of dentists and quacks in Sri Lanka had increased by 16.5% and 9% respectively during the 5 year period from 2007-2012.

Conclusion: The market niche for quacks is getting saturated and quacks are not substitutes but competitors, for qualified dentists.

Introduction
“Quackery” derives from the word quacksalver (someone who boasts about his salves). Dictionaries define quack as “a pretender to medical skill; a charlatan” and “one who talks pretentiously without sound knowledge of the subject discussed. Further according to Dorland’s Medical Dictionary for Health Consumers a quack is defined as: one who misrepresents their ability and experience in diagnosis and treatment of disease or effects to be achieved by their treatment. What impels quackery? It results when competent and trained practitioners are in short supply or when their charges appear prohibitive to a segment of the population. Then untrained individuals step in to supply a genuine need. The quack differs from the ethical practitioner in that the quack has no scientific professional education in the field he/she practises. Historically there had been dental quacks or unqualified dental practitioners during pre British, British and post independent Sri Lanka.

Two previous published studies by Ekanayake and De Silva gave important information about dental quackery in Sri Lanka. Using dental students to obtain information about the existence of unqualified practitioners in their home towns, Ekanayake reported that there were approximately 90 such practitioners in Sri Lanka in 1989, while De Silva using a different methodology of focus group discussions at district level, concluded that there were 89 Unqualified Dental Practitioner (UDP) or Quack clinics, giving a ratio of 1 UDP clinic to 10 “legitimate” private dental clinics in Sri Lanka in 2007.

A UDP or a quack was identified as a person who has not obtained a degree level qualification in dental surgery or dentistry, nor the mandatory registration from the licensing authority, namely the Sri Lanka Medical Council, to practise as a dentist in Sri Lanka.
The Legal aspect
According to the “Section 311” of the Penal Code of the Democratic Socialist Republic of Sri Lanka, breaking a tooth or extracting a tooth is a criminal offense and a grievous hurt. However Act No 26 of 1927 (Medical Ordinance) had given the authority for dentists to extract teeth. Further rules and regulations pertaining to dentistry appear in Sec: 43(1)(1A) and Sec 49(3)(c) of the Medical Ordinance.

According to the Sec: 49(3); The medical officers and apothecaries can practise limited dentistry in the absence of a qualified dentist. The dental therapist should work under the supervision of a dentist and that too restricted to the government sector.

In Sri Lanka to practise as a dentist a person should be registered in the Sri Lanka Medical Council (SLMC). In order to obtain Medical Council registration a person should have obtained a degree in Dentistry or Dental Surgery recognized by SLMC.

Therefore other than the above mentioned categories any other person engaged in provision of dental care services could be considered as a “quack”.

Global perspective
Quackery in dentistry has been a global problem as far back as the earliest days when sufferers from dental ills sought relief from their aches at the hands of some type of practitioner. Some were genuine, some were quacks. Today, quackery is practiced in almost all parts of the world, from West Indies to Italy to Indonesia. In a study in Trinidad it was reported those using the services of dental quacks were more likely to have lower, self rated oral health while affordability and availability of dental treatment were identified as barriers to care from qualified dentists. As reported by the president of the Italian dentists association: “15000 of Italy’s 71000 dentists lacked proper qualifications. Out of these quacks 70% were dental technicians who practice as dentists. Of late, false degrees have been on the rise. They go and get them in countries like Romania which have recently entered the EU”. Millions of Indonesians, especially those from lower-income households, visit “local dentists” whenever they need some dental care. The problem is these “local dentists” are neither qualified nor legally allowed to practise what they do.

In present Sri Lanka, due to the paucity of government employment, every year nearly 80 newly qualifying dentists are forced to enter the private sector to make a living. Further due to the saturation of dentists in urban areas they are forced to venture into sub-urban and rural areas. Furthermore the government dental clinics were well spread throughout the country employing approximately 1350 dentists by January 2012. Moreover the population is fast becoming aware of medical (dental) malpractices by the unqualified people as we live in an information era. Also the purchasing power of the people is on the rise as we move into a middle income country.

This survey is conducted to identify the status of dental quackery in Sri Lanka in 2012, 5 years since the last survey. The results of this survey will be of immense importance to dental health planners, present dentists and dentists to be and law enforcing authority.

Methodology
The method used in this survey was telephone interviews with the regional dental managers commonly known as Regional Dental Surgeons (RDSs). The telephone interviews were conducted using a well structured questionnaire. This method was selected due to its convenience, speed, cost effectiveness and reliability.

There are RDSs for each and every district of the country numbering 25 in total. All RDSs are government employed dentists with substantial
amount of working experience in their respective districts.

As the first step a comprehensive list of RDSs was compiled. Their names addresses and contact telephone numbers were obtained from the Ministry of Health and Sri Lanka Dental Association which is the national body for dentistry in Sri Lanka.

The authors spoke to the RDSs over the phone to collect information about the quacks in their respective districts, after explaining them the nature of the research and obtaining their consent and a time best suited for them in a previous telephone call.

All RDSs were every cooperative and supported the survey to the best of their abilities. In situations where RDS post was vacant or RDS was not sure, help of senior dentists from the respective district was obtained.

For comparison purposes in this survey, an unqualified practitioner or a quack was given the same definition as in the 2007 study.³

Results
Table 1 gives the number of quacks in each district, as per the data collected through the telephone interviews are shown below, along with the distribution of quacks in 2007.³

The number of dentists trained by the sole Dentist training Institution namely the Faculty of Dental Sciences University of Peradeniya since 2007 is illustrated in the Table 2.

<table>
<thead>
<tr>
<th>District</th>
<th>Number of quacks 2007</th>
<th>Number of quacks 2012</th>
<th>District</th>
<th>Number of quacks 2007</th>
<th>Number of quacks 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Gampaha</td>
<td>8</td>
<td>9</td>
<td>15. Monaragala</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>3. Kaluthara</td>
<td>5</td>
<td>6</td>
<td>16. Ratnapura</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>4. Kandy</td>
<td>6</td>
<td>7</td>
<td>17. Kegalle</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>5. Nuwara Eliya</td>
<td>2</td>
<td>2</td>
<td>18. Jaffna</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>6. Matale</td>
<td>3</td>
<td>3</td>
<td>19. Kilinochchi</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>7. Anuradhapura</td>
<td>2</td>
<td>3</td>
<td>20. Vauniya</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>8. Polonnaruwa</td>
<td>2</td>
<td>1</td>
<td>21. Mannar</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9. Kurunegala</td>
<td>9</td>
<td>11</td>
<td>22. Mullatiuv</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>10. Puttalum</td>
<td>3</td>
<td>3</td>
<td>23. Tricomalee</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>11. Galle</td>
<td>5</td>
<td>5</td>
<td>24. Ampara</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>12. Matura</td>
<td>4</td>
<td>4</td>
<td>25. Batticaloa</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>13. Hambantota</td>
<td>1</td>
<td>1</td>
<td>TOTAL</td>
<td>89</td>
<td>97</td>
</tr>
</tbody>
</table>
Dileep De Silva and N.T. Gamage

Table 2. Number of dentists qualifying from the University of Peradeniya since 2007

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of dentists graduating from the Faculty of Dental Sciences University of Peradeniya</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>78</td>
</tr>
<tr>
<td>2009</td>
<td>79</td>
</tr>
<tr>
<td>2010</td>
<td>64</td>
</tr>
<tr>
<td>2011</td>
<td>85</td>
</tr>
</tbody>
</table>

Source – Records at Faculty of Dental Sciences University of Peradeniya July 2012.

Discussion
There were 1616 active dentists in Sri Lanka in 2007. They were distributed as 329 full time and 547 part time private practitioners, approximately 1000 employed by the Ministry of Health, around 55 each in the University staff and the Military. Further, it was reported that 54% of the Government sector employed dentists were engaged in provision of part time private practice, which is legitimate in Sri Lanka. It was highlighted that as far as the employment pattern was concerned; the largest group of dentists (approximately 1000) were the Ministry of Health employed followed by General Dental Practitioners (approximately 330) and the third largest was the Unqualified Practitioners numbering 89.3

According to the records at Sri Lanka Medical council around 20 foreign qualified Sri Lankan dentists had been registered since 2007 (SLMC 2012).9

The above figures show that the number of dentists joining the profession had increased by 326 since 2007. Assuming a hypothetical zero attrition rate since 2007 the total number of active dentists in Sri Lanka should be (1616+326) 1942. However considering the facts that the average age of a dentist in Sri Lanka was 39.73 years and that the 3 decade long terrorist war is over and peace had returned to the country, it is the expert opinion to assume an attrition rate not more than 3% for dentists during the period 2007 to 2012.3 Accordingly Sri Lanka should have approximately 1883 active dentists by mid 2012. This means that the number of active dentists in the country had grown by 16.5% since 2007.

However, as illustrated in table 1 above, unqualified practitioners have increased from 89 to 97. This is an increase by nearly 9% during period 2007 to 2012. The only exception was the Jaffna district in the Northern Province, where the number of quacks had increased by more than threefold during last 5 years. However, there was a noteworthy reduction in the number of quacks in other districts of the Northern Province.

There is a very strong positive correlation between the number of dentists and the number of quacks in almost all districts, once again challenging the anecdotal evidence that quacks open up clinics due to the lack of qualified dentists.

Further, when compared with the results of the 1989 survey, it is interesting to note that the number of quacks had increased by less than 9% even over a period of 23 years.2

In some districts it was reported that though the number of quack practices (clinics) had not changed the “practitioner” had changed due to aging or death of the incumbent quack. In these
situations it was an offspring or a close relative of the senior quack who continues the quackery practice.

Another noteworthy feature of quacks is that over 90% of them are males who have had some “exposure” in the field of dentistry. Most of them had worked as dental technicians or dental surgery assistants before.

Other phenomenon observed was that some of the quackery practices had become legitimate clinics over long period of time. How this had happened is interesting. With passage of time some quackery practices get well established and hence earn high income. Then the quack practitioner to make the practice a legitimate entity and to improve the image of the practice, as well as to uplift his/her social status employs a newly qualified dentist (who is pending government employment) to work in the clinic and he (quack) becomes a “non working” principal. If the principal quack is not practising at all, then this practice is no longer a quackery practice.

There is no doubt, that the existing long awaiting time for the newly graduating dentists to obtain state sector employment, had helped the established quacks to legitimate his/her practice. Quackery practices becoming legitimate clinics may also be one of the reasons for the number of quack practices to remain almost static.

However, if the principal quack practises either when the dentist is on leave or alongside the qualified dentist, this practice by definition remains a quackery practice.

The interpretation of above observations is that although the number of quacks has increased, the niche market for dental quackery is getting saturated or already saturated. Therefore less number of quacks wishes to enter into this market niche. The reasons for less demand for services provided by the quacks would be; the presence of ever increasing number of qualified dentists, increased awareness about unqualified practitioners among the patients, and increased purchasing power of the people.

The ratio of private dental clinics manned by the qualified and unqualified was around 10:1 in 2007. Present survey showed that this ratio may have improved slightly since 2007. However, there is no bench marked ratio for clinics of dentists and quacks or qualified and unqualified.

Theoretically the number of quacks should decrease with the increasing number of qualified dentists. However, this concept does not seems be to holding true and the study findings reconfirmed the conclusion of the 2007 study that “quacks are not subtitutes for qualified dentists but are in competition with them”. Moreover the quacks remained the 3rd largest dental service provider group in Sri Lanka.

Conclusion
The unsuspecting patient hoping to get their dental problem a quick and easy remedy often ends up with botched procedures that are not only painful but also destructive. Often these untrained workers cause more harm than good and, in some cases, do irreparable damage to the patient.

The number of dentists and quacks in Sri Lanka had increased by 16.5% and 9% respectively during the 5 year period from 2007-2012. These findings while suggesting that the market niche for quacks is getting saturated, also reconfirms the conclusion of the 2007 study that “quacks are not subtitutes for qualified dentists but are in competition with them”.

Although the market for dental quackery seems to be getting saturated in Sri Lanka, it is critical that the government regulate and control health services to ensure the highest levels of service and to protect the citizens from falling prey to unqualified practitioners. In an era where blood borne diseases such as Hepatitis B and HIV are
wide spread, the control of dental quackery should be considered seriously and should be given priority. The existing laws should be amended to impose severe punishments for medical and dental quackery and there should be better coordination between the Department of Health, Dental profession and the law enforcing agencies to tackle this national problem.

References


