Dear reader,

Do you remember sending your first e-mail? I see myself in 1995 sitting in a dark basement in my first year at university, exchanging short messages with a friend next to me, on a 486 PC that was state-of-the-art at the time. Since then so much has changed. What was just fiddling around back then has become an everyday commodity that most of us cannot imagine living without.

Some experts have claimed that the Internet is one of the most significant inventions of the last 50 years and, indeed, some projects have changed our lives to various levels. With the Internet, it has never been easier to access and share information around the world within just a few seconds. Today, we are able to buy goods or talk to people around the globe with just the click of a mouse. Giants like Google offer so many services that we can hardly escape them in our everyday lives.

However, in dentistry, especially in dental publishing, the race for revolutionary projects is still on. Many publishers, including ourselves, have long underestimated the many possibilities that the Internet has to offer, sometimes because we were afraid of neglecting our print offers and therefore, our main business model for the last 100 years. But this is changing. Dentists have often been conservative when it comes to adapting new technologies but now the age structure is shifting in many countries, making way for a new generation of dentists who have grown up with Internet technologies and are open to their many opportunities.

With our new website and the DT Study Club online education platform, both successfully launched in early March, Dental Tribune is striving to take the lead. On these platforms, we do not only offer services to help you to stay ahead in the profession but also a number of tools that will give you the chance to interact with colleagues and international experts. We invite you to join us in this endeavour.

Daniel Zimmermann
Co-Group Editor
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Dental care in Australia

Australians enjoy equitable access to medical services supported by universal Medicare insurance, an effective Pharmaceutical Benefits Scheme, community-rated private insurance, as well as the provision of both intern training and services beyond private sector capacity by public hospitals. When the Australian government established the National Health and Hospitals Reform Commission in 2008 to inform structural health reform, it correctly identified exclusion of dentistry from some of these structures as a core problem.

The Commission’s interim recommendations for the entire health system range from Option A, which proposes minimal change, to a contentious Option C, in which Medicare would be replaced by federally funded social health insurance. Importantly, the Commission has proposed the establishment of Dentalcare universal insurance similar to Option C. The 0.75 per cent Dentalcare levy would be distributed directly to private health insurance companies rather than as patient rebates. Notably, federal Dentalcare payment to insurers would be risk adjusted, breaking the Australian convention of community rating. People without private insurance would receive Dentalcare via federally funded expansion of public dental services. The Commission has also recommended the introduction of a one-year dental internship, as well as additional funding for oral health promotion and the expansion of school dental services.

The Association for the Promotion of Oral Health has long sought internships and oral health promotion, so our response to the Commission on these points is confined to relatively minor suggestions, including the expansion of internships to two years. In addition, we support the intent of Dentalcare.

However, there are significant difficulties with the Dentalcare model suggested. In particular, Dentalcare is currently planned to exclude many important dental services, including multi- and endodontics, lower partial dentures, and crowns. Also, the restorative Dentalcare list would have the effect of constraining the skills of new graduates during internships, rather than expanding their skills. PricewaterhouseCoopers, commissioned by the Commission to cost Dentalcare, makes special note in its document that Professor John Spencer of the University of Adelaide recommended the specific range of services for Dentalcare. We acknowledge Professor Spencer’s eminence as an epidemiologist but believe experienced senior clinicians and clinical academics would have provided better advice. We also do not believe the public sector can expand sufficiently to accommodate those without health insurance, representing 55 per cent of Australians, in order to support Dentalcare adequately as currently planned.

Moreover, Medicare has worked well for medicine in Australia, and we would prefer dentistry to be brought into the proven Medicare system, rather than see oral health experimented with in an untried Option C model. Indeed, comprehensive dental services supported by Medicare have already been successfully trialled for 152,000 Australians with chronic disease, through the Enhanced Primary Care Program established in November 2007. We suggest progressive expansion of current dental Medicare arrangements eventually to include the entire population. This could be converted to Option C-Dentalcare but only if the rest of the Australian health-care system is similarly modified. We are encouraged by the Commission’s approach and hope it modifies its recommendations in accordance with our suggestions.

The famous German philosopher Friedrich Nietzsche once said, “We have already begun beyond whatever we have heard of.” Have we already overcome the current global crisis that dominates in the media? If you happened to visit the 55th ISH in Cologne in Germany this year, you would have been under the impression that this was the case. The floors and booths were crowded, filled with happy faces, and the show broke records in all respects.

In spite of this, the main topic at the assembly of the international dental manufacturers (idm) in Cologne was the present shifting in the finance markets and its possible effect on the future. After the gloom at the Chicago Midwinter Meeting in February, the founders of the Dental Trade Alliance from the US were particularly surprised by the positive feedback at IBS. The monetary mood and facts, however, are two sides of the coin and apply to any prognosis in the dental sector.

Manufacturers of consumables have reported stable or marginally increasing sales figures, in the area of capital goods, however, manufacturers of equipment, such as practice fittings, dental units, imaging devices, and CAD/CAM, as well as manufacturers of dental implants have noticed a clear purchase restraint among dentists. Particularly in the period of the Chicago Midwinter Meeting, many dental companies announced a reduction of staff in order to cope with current market circumstances. In addition, companies that focus on dental technology have noticed the shift of the time-consuming and high-cost production of dentures to countries where labour and material costs are cheaper.

Markets will not grow if the services offered are too expensive. Competence and knowledge especially will be required to plan for the future. But the future is complex and cannot be managed by knowledge alone. The wisdom of the future will be achieved when the intelligence paired with ethics give rise to a socially responsible trade.

Persistence, hesitation, all- ors or daring do not elicit the desire to undertake new ventures. Only something completely new will give rise to new values and prosperity.

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