



European Regional Organisation of
the Fédération dentaire internationale



Political discussion - ERO plenary session 2011

Friday, 15th April 2011, 08.30-10.30h

ERO Politics and Member States: Where do we go?

After a short introduction by Gerhard Seeberger, Taner Yücel explains the concerns of the Turkish Dental Association (TDA).

“In Turkey the government is taking very important decisions regarding the working conditions in dentistry. TDA was not involved in the decision making process. It was decided: to increase the number of public clinics and with that the number of dentists who work there in difficult conditions. In 2002 the number of public clinics financed and governed by the ministry of health was only 5. Today, 8 years later, the number is 225. The number of dentists in 2002 was 350 and now reaches to 6000. Despite the fact that there is a need of dental care in rural areas and small cities, the government is establishing these public clinics in big cities and central areas. The national general health insurance system is covering only the treatments provided in these public clinics; private clinics are not admitted. This unfair situation caused the closure of many private practices. These public clinics are financed by public money. Private practices cannot compete. These clinics are not only causing private clinic closures, but more importantly, they jeopardize the quality of the services. There is a performance system applied and dentists are paid by the quantity of treatments. The quality of the treatments is not taken into consideration. Based on the discussions we had earlier in this plenary session, we consider it a significant threat for the liberal dental profession. If this trend continues, we will experience erosion in the profession, the quality and the patient safety. We feel that this is particularly vital, because 85% of the dentists in Turkey are private practitioners. The government aims to reduce this percentage to 50%. The perspective for our profession is unacceptable.”

We, unfortunately, observe this tendency not only observe in your country, answers Gerhard Seeberger. Looking at the national reports you might at least find some solidarity. It is very important that we recognize this dilemma in your and in other countries and produce a position paper, which could be used in order to evidence to your politicians that this development goes together with the lack of quality of dental care, with reducing patients safety, with not guaranteeing a satisfying income, with lack of ethical and professional behaviour. This is something we have to work on.

Philippe Rusca reminds that there has been a very similar situation in Israel about a year ago. Very quickly a document was produced which supported the legitimate demands of our Israeli colleagues. This could also be done for Turkey. The text should of course be modified. He refers to information given by Catherine Mojański during the meeting of the WG “liberal dental practice” about a study which has shown that the system of liberal practice could be more competitive and efficient than a state-run system. If she could give us more information in this regard, it would be even more precious than a “simple” statement.

These are exactly the points which I tried to work out in yesterday’s resolution, confirms Ernst-Jürgen Otterbach. A well-defined separation between independent practitioners and the governmental system is very important. Of course, there has to be ambivalence between state and liberal professions in social systems; but it cannot be that the government is regulating the number of dentists and setting standards of therapies which jeopardize the quality of the dental care. He thinks that the WG should take care of this issue.



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For Bulgarians and people from other ex-socialist countries this is a “déjà vu”, remarks Nick Sharkov. It is not a social, but a socialistic system. He explains: A dentist working in a public clinic has to deliver a defined number of treatments per day (without regard to the quality); if this number is not reached, the dentist is punished. He supports Philippe Rusca. We have to send a letter to TDA like we have done it for the Israeli. The letter has to be evidence based and all the negative results from that socialist policy have to be underlined; especially quality and patient safety. Turkey is now negotiating with the EU; they will need a support and we have to explain them the European policy about standards, quality, insurance and patient's safety.

Michael Frank recalls a similar situation in Germany 20 years ago; after the fall of the Berlin wall there has been quite a quick change to the liberal professional system, because the old one showed that the structure and the quality of dental care was unsatisfactory. Why does a government try to interfere; usually because the financial systems change and then the government tries to regulate. A list of arguments stating the disadvantages of such a system should be established. Finally we should not forget the most important part, which is the patient that wants or needs to be treated. Michael Frank points to the problem they are facing in Germany, where in some parts of the country there are not enough doctors available. There people will be content to accept a “poli-clinical” structure. So we must think about arguments that show the politicians from the viewpoint of the patient that the best care is provided by liberally established doctors/dentists.

The situation in Germany is not so different from the one in Turkey, states Peter Engel; there is injustice as well. We have dentists which are admitted by the health insurance system; patients treated by these dentists are reimbursed by the insurance according to their contracts. If the patient having a health insurance gets treated by a dentist who is not admitted by the health insurance system, there is no reimbursement of the costs. If the same patient gets treated by a privat dentist abroad he receives reimbursement. This is discriminatory and we are fighting against it for years. ERO should approach this problem as well.

Within the European countries this problem should be shortly solved. Ernst-Jürgen Otterbach refers to the “patient's directive” which has recently been adopted in Strasburg. Based on this directive every patient can be treated in any EU country, receives an invoice and gets the money reimbursed according to the standards of reimbursement of his home country. The directive is now in the implementation phase which lasts 30 months. During this period the issue should be discussed and settled.

In Bedros Yavru-Sakuk's opinion there is a problem in the relation between the dental association and the ministry of health, where often a disregard and disrespect of the dental association can be discovered. This is why a strong statement from us would be very beneficial. Further the patients should be informed about the dangers to go to this kind of clinics. People choose cheaper dentistry and do not think about quality.

All this, remarks Gerhard Seeberger, does not really help Taner Yücel. We should go back to the letter we made for the Israeli and give TDA something in their hands. He further points to another disaster that is happening in his home country, Italy. Social dentistry has become more expensive than private dentistry. If the development will be the same in Turkey, it is going to be an economic disaster, for the profession and in the end for the patient. Whatever the act will be from the politicians, profession and patient will have to pay. It is therefore very important to inform the patients.

Taner Yücel thanks for the comments; they are useful. It is not so easy of course; if public services involve only elderly and handicapped people and children, it could be acceptable, but unfortunately this is not the case. Maybe your letter will help us in the negotiations with the government.



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Based on Taner Yücel's statements Bedros Yavru-Sakuk locates the problem in over licensing of dentists. Everybody wants to earn something and in order to get patient is tented to offer treatments of poor quality. Information of the public about the dangers of these clinics is very important, because cheap dentistry costs more in the end.

Michael Frank emphasises this point. We have to show where, in the long run, the damage for the patient lies, when he is only focussing on the costs. The free choice of dentist is limited, when only certain dentists offer treatments for "free". The patient must be made aware of the importance of quality and last but not least we should convince the patient that it would be best for him, if the government/insurance reimburses a certain part of the costs of a treatment and the patient is free to choose its dentist and pays the difference for the treatment from his own pocket – if necessary. It is the voter who can exert pressure on the politicians. This is the only way.

Gerhard Seeberger thinks this is a good point. We are the experts. The only pressure that a politician understands is the next election. The ERO together with the WG LDPE will think about it.

Catherine Mojaisky is not really convinced that the patient will help us much. The consumer is king in economically difficult time and he usually chooses the cheaper alternative. She thinks the only way to defend the liberal practice is by showing that independent dentistry it is equally important for the public health system as the state-run clinics. This has to take place in an open and public discussion.

Nick Sharkov remembers well talking to many people and giving advice when Turkey some years ago started to implement the health insurance system. He told them organise a conference, to invite stakeholders from Europe to describe the different types of systems and most of all to pay attention not to be excluded from the play. Now he feels that TDA is not "on the stage" and he therefore suggests to urgently organise a conference concerning that topic.

The WG LDPE will consider as well the social aspect/mission of our profession, assures Ernst-Jürgen Otterbach. Fact is, that in countries like France, Austria, Germany, etc. the state is no longer a social institution, but is mainly acting as an insurance company.

Private and state-run insurance systems are under considerable strain, remarks Jürgen Fedderwitz. They more and more tend to cover only basic treatments. We are of course able to define a primary dental care, but our chances lie in the fact that we can offer a great variety of treatments individually focussed on the needs of our patients. That is the point we should stress.

Politicians have a different point of view, remarks Wolfgang Sprekels. He thinks it is impossible to revolt against the implementation of a state-run health system in Turkey. The differences between the health systems in Europe are huge and there will always be governmental structures, where only a part of the treatments will be financed by public means. Either the population can live with a limited variety of treatments or is ready to pay for a bigger choice by private means.

Roland L'Herron is not sure how much we can and should intervene. In the Armenian "case" we (ERO) might be able to help; in Turkey maybe not. Every state has the right to build its own health care system. Nevertheless it is very important that the patient has the possibility – everywhere – to choose his health care provider.

Tiago Pires Frazao reports that they have a free system in Portugal. Some clinics offer for a small sum or annual fee free treatments. Even by a fully private system it is a question of the number of dentists, where there are too many the struggles begin. People are not aware of the quality they are being provided.



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Ernst-Jürgen Otterbach considers this a bit an out dated discussion. He thinks that today's patients are as well informed as never before. They know about quality.

Taner Yücel is grateful for all these comments and advices. He knew that there are no ready-to-use solutions. His intention was to make the delegates from the other countries aware of the problems in Turkey, which are not easy to solve. They will continue the discussion with their government.

Gerhard Seeberger closes the discussion by thanking everybody for the contributions.

Dr. Gerhard Seeberger
President

Monika Lang
Minutes