

Public Awareness Assessment:

regarding Qualified and Unqualified

Dental Practitioners. What difference does

it make in Treatment Outcome

{Original Article (Maxillofacial Surgery)}

1. Arsalan Mirza 2. Syed Ghazanfar Hassan

3. Muhammad Shahzad 4. Ghulam Habib Arain

1. FCPS-II Trainee 2. Asstt. Prof. 3. Asstt. Prof.
4. Lecturer, Dept. of Oral Maxillofacial Surgery, Liaquat University of
Medical & Health Sciences

ABSTRACT

Objective: An increasing number of unqualified dental practitioners in Pakistan are risking public, who say that so called doctors, are playing with patients health and lives. Unqualified practitioners not only fail to provide relief to patients but also contributes to spread of diseases e.g. Hepatitis C because of the use of infected syringes and delay in reaching appropriate diagnosis with generating misconceptions in public regarding health issues. There is need to create public awareness about health risks incurred when people visits unqualified dental practitioners .

Study Design: descriptive type of study survey.

Place and Duration of Study: This study was conducted at Dental OPDs at LUMHS Jamshoro /Hyderabad and different private clinics at Jamshoro/Hyderabad during the months of October to December, 2012.

Materials and Methods: We did assessment on the awareness level in people of Jamshoro/Hyderabad, regarding qualified and unqualified dental practitioner and what difference does it makes in treatment outcome.

To a sample comprising of 3087 individuals, an assessment questionnaire comprising twelve items related to the objectives was developed and administered for survey. Data is analyzed using SPSS 17 application software.

Results: The questionnaire was responded by 3059 individuals. Response rate was 99.09%, among respondents 53% males and 47% females. Only 68.7 % patients reported that they were aware of difference in qualified and unqualified dental practitioners, 56% individuals reported that they ask about qualification of dental of practitioner before treatment whether he is qualified or unqualified, 43% individuals reported that qualified dental practitioner's treatment is better outcome, 29% individuals reported treatment outcome more or less similar whether it qualified or unqualified, 24% individuals reported that unqualified dental practitioner's treatment is better outcome.66% individuals reported that they like to visit unqualified dental practitioner because of socio-economic reasons, 23.6%

individuals reported that they like to visit unqualified dental practitioner because they feel more comfortable, 10.4% individuals reported that they like to visit unqualified dental practitioner because of unavailability of qualified dental practitioners in their areas.

Conclusion: Especial awareness campaigns should be launch to ensure that the masses refrain from going to unqualified dental practitioners. We can help out concerned authorities to play their role to curb the practices of unqualified dental practitioners.

Key Words: awareness, un-qualified practitioners, public, outcome.

REFERENCES

1. Healey D, Lyons K. [Evidence-based practice in dentistry](#) . New Zealand Dental Journal, 2002 – Available from: endoexperience.com
2. FDI (International Dental Federation) Basic Fact Sheet, 2003.
3. Pakistan medical and dental council's statics, March 2013.
4. National Census Report of Pakistan - 2012. Government of Pakistan. Available from: http://en.wikipedia.org/wiki/Hyderabad_District_Pakistan , <http://www.jamshoro.com.pk/Population.htm>
5. Butt AK, Khan AA, Khan SY, Ijaz S. Dentistry as a possible route of Hepatitis C transmission in Pakistan. Int Dent J 2003; 53: 141-144.

6. Khan AA; Cross Infection Control Methods in Dental Practice: A Pilot Survey of Lahore, Pakistan. J Pak Dent Assoc 1997;8(1):33-37.

7. Abdul S K, Ayma S, Amreena Q, Sharea, Ayyaz AK. Evaluation of problems related to malpractice and professionalism in Islamabad-A study. Pakistan Oral & Dent J 2004;24 (1).

8. Naidu RS , Gobin I , Newton JT . Perceptions and use of dental quacks (unqualified dental practitioners) and self rated oral health in Trinidad. [Int Dent J](#) 2003;53(6):447-54.

9. Sandesh N, Mohapatra AK. Street dentistry: Time to tackle quackery. Indian J Dent Res [serial online] 2009 [cited 2013 Mar 31]; 20:1-2. Available from: <http://www.ijdr.in/text.asp?2009/20/1/1/49046>

10. Dunning JM. Principles of dental public health. 4th ed. Harward University Press; 1986. p. 453-4.

11. Ring ME. Quackery in Dentistry - Past and Present .Journal of the California Dental Association 1998.

12. Simon Says Solutions. Infection Control- 2006.Picks, Tricks & Measuring Sticks. Available from: www.simonsayssolutions.com

13. Oumeish OY. The philosophical, cultural and historical aspects of complementary, alternative, unconventional and integrative medicine in the old world. Arch Dermatol 1998; 134:1373-86.

14. CS Greene. [Holistic dentistry. Where does the holistic end and the quackery](#)

[begin?](#)

The J of the Am Dental Assoc 1981 - adajournal.com

15.□□□ Mandel ID. Dental quackery: a retrospective view. JADA 1994; 125: 153-60.

16.□□□ BH Goldstein [Unconventional□ dentistry: Part II. Practitioners and patients](#) . – Journal of-Canadian detal ass, 2000 - cda-adc.c.

17.□□□ Berry JH. Emphasis. Questionable care: what can be done about dental quackery? JADA 1987;115: 679-85.

18.□□□ ID Mandel - [Dental□ quackery: a retrospective view](#) . The Journal of the American Dental Assoc 1994 – Available from: jada-plus.com

19.□□□ Mag-ann WE. The whole tooth: What you must know to find a good dentist, keep healthy teeth, and avoid he quacks, incompetents and frauds. The J of the American Dental Assoc 1998 - Am Dental Assoc.

20.□□□ [Samuel H A: Journalist and Muckraker](#) . American Journal of Public Health, 2010 - ncbi.nlm.nih.gov

Address for Corresponding Author:

Dr Muhammad Shahzad

Assistant Professor

Department Of Oral Maxillofacial Surgery

Liaquat University of Medical & Health Sciences

E-mail. dentistshahzad@gmail.com

Mobile No. 0333-2641067