

Dental care access in South Africa – *Open the Debate*

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Patient access to dental care is still of serious concern in the South African setting. We need a detailed investigation to determine the facts and characteristics surrounding this challenge. Our profession cannot ignore the fact that large parts of our population still struggle to access dental care, and even then, concerns regarding the quality of such care are raised. Of course, the argument exists that at least some care is better than no care at all.

There are certain known hinderances to dental care access, but whether these are being addressed or not is an entirely different argument. Some of these include something as clear as dental anxiety, to the deep complexities of social injustice and inequality. Although patient-factors that influence the accessing of dental care is a major role player, these relate specifically to the patient's own lived experiences and mindset, to their actual social and psychologic situation. Factors like personal financial stability, dental phobias, own perceived need of treatment/delays in treatment all influence the personal aspect and motivation to access dental care. Despite this, there is still a major responsibility on the profession to facilitate access.

Of all the major concerns, finance, and time delays to seek or provide treatment appear to be the most frequently reported factors to hinder dental care access. But what about clinician/operator factors? Where do clinicians want to work? We quite often do not consider the needs and aspirations of oral healthcare professionals in the context of challenges to dental care access. I believe that this plays a part in the sustained development of services in any underserved region and will remain stunted through higher clinician turnover rates.

To get to the root of this challenge, there would need to be a concerted effort supported by all role-players in oral health ranging from the relevant governmental departments, dental associations and organizations, and academic institutions. All aspects of dental care in South Africa would need to be dissected and closely inspected to conclude on the question: "Would it be possible to provide equitable oral health care, at all levels, for all communities?" In order to provide some meaningful answer to such a difficult question, some key points would also have to be raised that include remuneration plans and strategies, infrastructure development and support, the treatment needs of different population groups in the short and the long term, the role of mid-level oral health care professionals, dentists and dental specialists within the greater framework of access to high quality dental care.

I would therefore like to call on our various directorates of Oral Health, our academic institutions and leadership, and our dental associations and organizations to take up this challenge and set in motion a process that would focus on this challenge.

We present to you the February issue of the SADJ. As we do so we remember the many colleagues whom we lost since 2021. We also mourn the loss of Prof AJ Lighthelm, former Dean of the School of Dentistry at the University of Pretoria. Let us all endeavor to do our best for the upcoming year and to leave the profession in a better position than the year before.



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