

COVID-19: An opportunity for oral healthcare to define its own future in South Africa?

SADJ May 2020, Vol. 75 No. 4 p172

NH Wood



The responsibilities of the dentist and of other oral healthcare professionals can be broadly explained as the prevention, diagnosis and treatment of the diseases and disorders of the hard and soft tissues of the mouth, in order to improve the overall well-being of a person and/or community. This responsibility extends beyond the single individual to involve the collective as a profession, and is without any hesitation, essential. One common thread in the questions that I frequently see raised in discussions involving professional bodies, is one where practitioners raise concern for the protection of their staff, for their families, and their patients and communities from COVID-19; but almost always it has the connection to income protection. By and large, when the hands of dentists are idle, they do not earn. This has placed the practices and livelihoods of many of our colleagues and friends under considerable strain.

The national lockdown is not all negative for most industries. Instead, many organisations and companies have been forced to enter the 4th industrial revolution because of COVID-19.

However, the national lockdown (now at level 4 to curb the spread of SARS-CoV-2) has dentistry and oral healthcare facing many challenges while we are trying to keep up with the numerous changes in our work environment. A more immediate and obvious change is the impact on information technology and communication systems, and another is the influence on our infection control procedures and policies.

As healthcare professionals in the time of COVID-19, we still have responsibilities towards our patients, communities and peers. Many patients will struggle with access to any form of oral healthcare, with some only having access to those clinics and practices able to provide basic care to alleviate pain and sepsis. In addition to the vital interventions directed to manage pain and sepsis, oral healthcare professionals have an important role to play in primary healthcare, such as screening for diabetes, for hypertension, and even in tobacco-intervention.

We are also faced with equity issues of those vulnerable communities such as the elderly, the poor, and the

disabled with regard to access to dental care. It is now up to us to continue to find revolutionary ways to bring oral healthcare services and information to all of our patients, irrespective of their background and location.

In addition to planning for income protection of our peers and colleagues, consolidating strategies to deliver much needed oral healthcare to all our communities must also be considered for this difficult time. These should include delivery-of-care strategy alongside costs-coverage and the provision of PPE and other essential materials. Advances in healthcare technology and improvements in equipment and material technology certainly improves access, ease and efficiency of service delivery; but does this necessarily imply an increase in cost to the operator and/or the patient? Studies will be needed to provide us with definite answers and directions to obtain longer-term solutions, even for the post-Covid future. We are yet to see the sequelae of this unusual situation, both in terms of oral health outcomes in our population due to selected service provision, and of the lack of income of oral healthcare professionals.

Dental education is also being closely scrutinized. As practicing professionals, we have access to webinars, online seminars and discussions for our continued professional development. However, our universities are compelled to provide more creative solutions to facilitate online teaching and learning. Although still in development, novel ways for clinical skills-transfer is currently a globally-focussed topic, as is the financial impact on dental training in the current milieu. Clinical exposure for purposes of training of our undergraduate and post-graduate students is limited to the extreme, and concern for the 2020 academic year is deepening.

I am hopeful that, with the impending reform of national healthcare, decision- and policy-makers will use this opportunity to take this into consideration, and to include the dental and oral health societies and representative bodies in their planning processes. I would like to remind you to access the SADA resources available to all our members. Specifics and regular updates during the lockdown can be found at <https://www.sada.co.za/clinical-resources/> with a list of accessible documents intended to guide us through this COVID-19 maze.

Neil H Wood: Managing editor. Email: neil.wood@smu.ac.za

Thank you for your continued support and I give you this May issue of the SADJ.