

Letter to the Editor

Dear Sir,

In your editorial for Vol. 6 No. 1, 1979, you have rightly stated "Orthodontists do not have a special preserve in the delivery of orthodontic services and must therefore expect to co-operate with their professional colleagues in the dissemination of information to the maximum benefits of the patients Will we go the way of the North Americans or will we demonstrate the foresight and planning ability which are so obviously required now?"

The answer to this problem, it seems to me, will not be found by raising North American red herrings, such as the grudging expectation of "continuing involvement in the general area of orthodontics by pedodontists and others" and sympathising with the misplaced aims of "adjunctive orthodontic helpers", whoever they may be.

To infer, as you have, that pedodontists and other dentists waste effort and public money is unfortunate. Pedodontists in Australia are taught orthodontics by you and your colleagues. What is your evidence that they practise interceptive orthodontics in a wasteful way? If you believe this of undergraduates, again the ball is "in your own court." I strongly suspect that these comments are without foundation, having regard to the range of skills shown in all aspects of dentistry by different practitioners, specialist and generalist. In other words they are typical of North American red herrings of 10 years ago, when the oversupply of orthodontists was becoming evident there.

This is not the time for divisiveness in child dental health. The school dental service in Australia urgently needs both pedodontists and orthodontists to provide for the small but important group of children with special needs. It is clear that clinical skills are poorly appreciated by the administrators of the school dental service. Both types of specialists are needed for in service training of dentists, for rational planning of clinical treatment, and provision of treatment in at least some cases, where the need is certain and referral to private practice not possible financially. At present the school dental service administrators draw a false dichotomy between generalist and specialist treatment, not realising that there is a continuum between the two.

There is also a need for more clinical treatment to be provided by general dentists both within the school dental service, and outside by referral. Otherwise the much vaunted dental team will never come into existence; and, as has already occurred in New Zealand, some therapists will come to believe they are school dentists.

Yes, we need planning. However our present perceptions are not those of the public dental health planners. A clinical liaison with them is the way ahead. Mediocrity is the other path.

Yours sincerely,

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