Quackery in Dental Practice in Nepal

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ABSTRACT

Quackery and fraud in dental practice, seen in many countries, is also rampant in Nepal, and they are unethical practices. There is a growing need for strict enforcement of government policy measures to eliminate quackery and fraudulent dental practice in Nepal. The government should mobilize all dental workforce (dental specialists, dentists, and dental auxiliaries) and aware of their responsibilities and limitations. This article presents a brief review showing some cases of malpractice in dentistry in Nepal.

Keywords: dental general practice; dentistry; ethics; Nepal; prosthetic dentistry.

INTRODUCTION

The dentist per population ratio of Nepal is 1:20000, which is almost three folds less than the recommended ratio by the World Health Organization (WHO).1 Legally, the dental practice in Nepal can be conducted by a registered dentist or under their supervision.2 Quackery, charlatanism, fraud, incompetence, and any other malpractice that jeopardizes the health of the dental patient should be opposed.3 Quackery and fraud in dental practice is rampant in Nepal, crossing the whole strata of registered dental practitioners.4-7 Furthermore, academic credentials of several dentists have come under government scrutiny for forgery, due to reports on unethical dental and medical malpractice.8

QUACKERY IN NEPAL

However, quackery is rooted in both urban and rural areas, including the capital city, where over 600 dental clinics are run by dental hygienists alone who are not permitted to practice full-fledged dentistry. Quackery poses a big threat to the integrity of the dental profession and the patients in Nepal and has proved to be a big hurdle to overcome. Although the government has laid out strict policies pertaining to the dental clinic and dental hospital setup requirements such as the number of dental units, types and number of oral health care professionals (dental specialist, dentist, dental hygienist, and assistant), and sterilization protocols including management strategies,9 most dental clinics and hospital setups in Nepal do not comply to these rules.

COMMON UNETHICAL PRACTICES AND MALPRACTICES

In Nepal, various dental specialties, and have their own unethical dental treatments and their consequences (Table 1).

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Table 1. Common unethical dental practice and their consequences in various areas in Nepal.

| Areas                  | Common unethical dental practices/ malpractices                      | Consequences                                           |
|------------------------|------------------------------------------------------------------------|--------------------------------------------------------|
| General                | • Improper clinic hygiene                                              | • Infections                                           |
|                        | • Improper sterilization of the instruments                            | • Transmission of diseases                            |
| Restorative Dentistry  | • Failure to diagnose caries                                           | • Recurrent caries                                      |
|                        | • Inadequate caries removal                                            | • Failure of restorations                              |
|                        | • Over cavity preparations and destruction of teeth                    | • Teeth fracture                                       |
|                        | • Improper section of restorative materials                            |                                                        |
|                        | • Improper restorations                                                |                                                        |
| Endodontics            | • Failure to locate canals                                             | • Apical perforation, ledge formation, and transportations |
|                        | • Improper cleaning and shaping of canals                              | • Root canal treatment failure                         |
|                        | • Improper root canal treatment (RCT)                                  | • Teeth fracture                                       |
| Prosthodontics         | • Fixing removable dentures                                            | • Compromise oral hygiene                              |
|                        | • Faulty self-cure acrylic crowns                                      | • Short and long-term effects from the toxic materials, i.e., burning, toxicity, and carcinogenicity. |
|                        | • Self-cure bridges                                                    | • Toxicities from the metal prosthesis, i.e. Ni, Cr, Al, etc. |
|                        | • Faulty removable dentures                                            |                                                        |
| Oral and maxillofacial | • Painful extraction                                                   | • Retained roots                                        |
| surgery                | • Improper extraction                                                  | • Damage to surrounding structures.                    |
|                        | • Fracture of teeth and/or root during teeth extraction                | • Prolonged bleeding leading to syncope, hospitalization, or and/or death. |
|                        | • Prolonged bleeding                                                   | • Small lesions can progress to large lesions.         |
|                        | • Incorrect diagnosis of oral lesions                                  | • No effect or adverse effects of antibiotics           |
|                        | • Improper prescription of antibiotics                                 | • Antibiotic resistance                                |
| Orthodontics           | • Braces done by an unqualified person.                                | • Improper teeth movement.                             |
|                        |                                                                        | • Prolong treatment.                                   |
|                        |                                                                        | • Compromise oral hygiene.                             |

The most common unethical dental procedures include fixing removable dentures, faulty self-cure acrylic crowns, self-cure bridges, improper root canal treatments (RCT), etc. Incorrect prosthetic restoration results in inadequate hygiene and destruction of the soft tissue and hard tissues of the oral structures (Figure 1).

The fixed-removable denture is shown below (Figure 2). The self-cure acrylic crown was fixed with adjacent teeth using stainless steel wire and self-cure acrylic reason. This case was seen in early after the delivery of the prosthesis; hence the effects on gingiva were less.
A faulty metal crown on the maxillary left central incisor with the detached acrylic cover on the labial surface is shown in Figure 3. It showed that previously acrylic veneer was attached on the labial surface and is detached, causing anesthetic teeth.

Hence, unethical dental practice done by unqualified personnel is seen in Kathmandu and other cities. Performing dental treatments beyond the limit of their education, knowledge, and practice is unethical and such practices should be prohibited. Nepal Medical Council (NMC) has developed a code of ethics for its registered dental doctors for ethical dental practice.11,12

**WAY FORWARD**

There is a growing need for increased vigilance and strict enforcement of government policy measures to eliminate quackery and fraudulent dental practice in Nepal. Constant inspections and closure of dental clinics and hospital which do not meet the criteria will help to discourage quackery and promote standard ethical practice. An adequate number of quality oral health care professionals can be produced and mobilized throughout the country by the government in co-operation with dental academic institutions.2 However, at present, about 85% of the dentists are concentrated in the capital city, while government positions for dentists are limited to zonal (provincial) hospitals. More jobs are needed for dentists at district hospitals and primary healthcare centers. Mobilization of the dental workforce (dental specialist, dentist, and dental auxiliaries) and making aware of their responsibilities and limitations, making affordable dental care services in government hospitals and dental insurance system maybe some of the solutions for the eliminations of the quackery and unethical practice in Nepal.

Finally, providing affordable and accessible dental services, awareness in people to choose registered dental practitioners over quacks. The government should also include dental treatments in the universal coverage system. Until which, elimination of dental quackery in Nepal seems a goal hard to attain.

There is a growing need for increased vigilance and strict enforcement of government policy measures to eliminate quackery and fraudulent dental practice in Nepal. The quackery and fraud in dental practice are unethical dental practices, and they should be stopped. Mobilization of dental workforce (dental specialists, dentists, and dental auxiliaries) and making aware of their responsibilities and limitations, making affordable dental care services in government hospitals and provision of dental insurance system maybe some of the solutions for the eliminations of the quackery and unethical practice in Nepal.

Conflict of Interest: None.
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