Feature

Dentistry in Delhi

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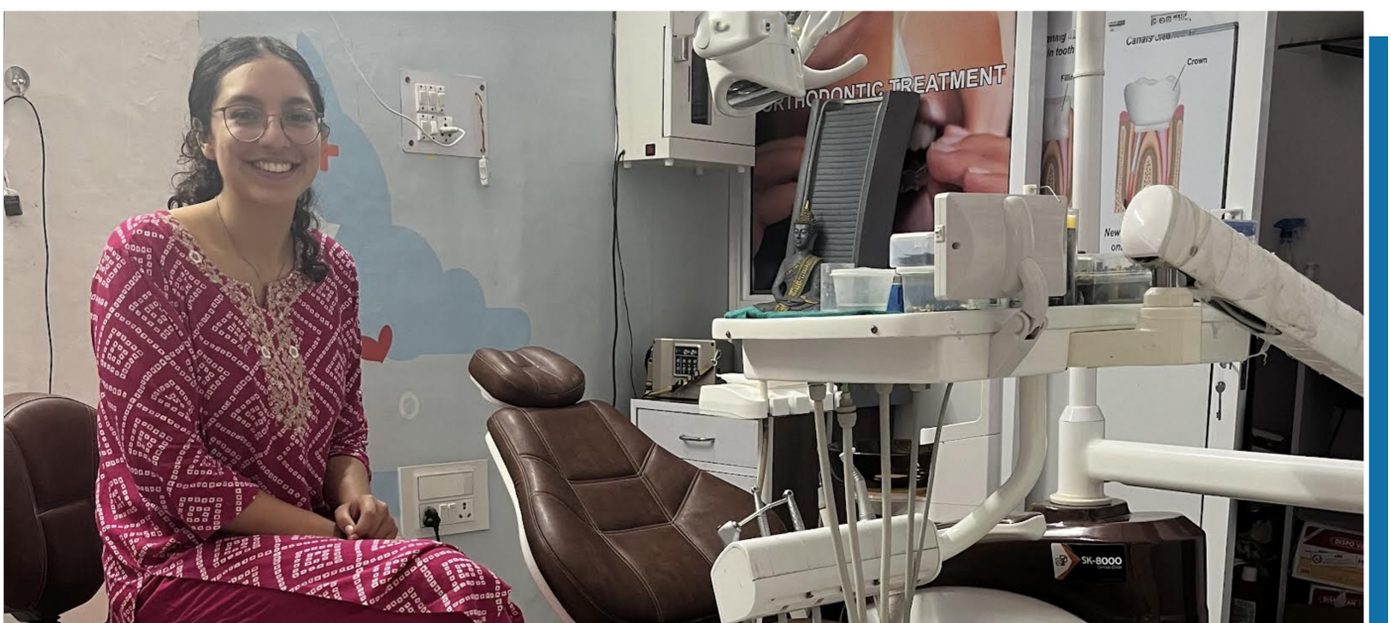

Out with the old and in with the new

This summer, I took it upon myself to venture to Delhi, India, and organise a dental placement. This placement was about more than just honing my clinical skills, it was about immersing myself in a new cultural and professional environment, challenging myself to adapt, and gaining insights into the global disparities in healthcare. As a second-generation immigrant, I have been visiting India since I was a young girl. My mum used to tell me how, when she grew up, they used sticks from a neem tree to clean their teeth. You chew on it until it starts to fray like the bristles of a toothbrush. The other option was charcoal on salt which you would scrub over your teeth with a finger, surprisingly, this option apparently tasted nicer! Whilst these practices may still be used in certain parts of India, dentistry otherwise has changed massively since then. At my family home in India, we're now using fluoridated toothpaste and manual toothbrushes. At the local school, children are taught to brush their teeth twice daily using a toothbrush and fluoridated toothpaste. Moreover, the practice I worked at was well advanced in its dental equipment, a pleasant surprise for me, and a reflection of how much dentistry has progressed in India.

Accessibility and infrastructure

However, from the state of dentitions I witnessed over my two weeks of dentistry in Delhi, there still seems to be a lack of oral health awareness, prevention is not the priority for these patients and there is still plentiful progress to be made. Whilst the dentist I worked with was well informed of the importance of prevention and regular checkups, he explained that despite advice, his patients only ever came to the dentist when they are in pain or for other emergency treatment. For context, I was working at a small private practice with just one dental chair in a moderately affluent area. In an area like Delhi, a lack of dentists and appointment availability did not appear to be the issue. In fact, there is almost an oversubscription of dentists and doctors, quite the contrary to our access issues in the UK. In this densely populated city, I noticed that within walking distance there might be multiple dental or medical clinics. From speaking to local dentists and doctors, it seems due to their vast availability and the increased population density, many healthcare professionals specialise in a certain field of dentistry or medicine, so they can offer specialised services as there is high demand and competition between local practices. I noticed that, compared to the UK, particularly for the medical field, this made accessing healthcare much more efficient and streamlined.

There are also government hospitals in which medical and dental care is provided, often at lower rates to private practices, however, private practices cover the majority of dental care in Delhi. However, I was unable to witness how their government hospitals operate, so I am unable to make a comparison in that respect.

So, if a lack of dentists in this area of Delhi is not a significant barrier to accessing a dentist, what are the possible reasons for patients not attending for regular checkups?

There are many possible reasons for this, here are some examples taken from 'Barriers to access dental care services among adult population: a systematic review, a study conducted across the Indian population'[1]:

- Financial issues
- Afraid of the dentist
- Attitudes and beliefs towards dental care
- 'No issues' with teeth
- Lack of time
- Work restraints
- Not a priority

Each individual factor combined with a lack of oral health awareness will inevitably lead to a lack of preventative care and result in emergency-based treatment.

Differences in practice

Whilst practices in the UK and India are largely similar, there are some hygiene regimes that would be considered sub-optimal compared to those in the UK, for example the dental chair and bracket table were not disinfected between patients. Furthermore, the bracket table permanently housed a sheet and an array of materials such as endodontic files (boxed) and the local anaesthetic (LA) vial, but these were not moved or wiped between patients, despite being in close vicinity during aerosol-generating procedures. There were other questionable practices, for example, not using LA for a subgingival crown prep (non-vital), even if the patient looked or felt uncomfortable, they did not ask for local anaesthetic, the patient just deals with being uncomfortable, which seemed normalised. Furthermore, never using rubber dam for any endodontic procedures, moreover, not even attaching floss to the file if you are not going to use a rubber dam. On questioning, the dentist explained that sodium hypochlorite diluted with saline is used for disinfection and cotton wool is used to isolate to tooth and prevent hypochlorite injury. They showed me radiographic evidence of many completed root canals and the post-ops and, whilst they were not claiming all their root canal treatments are perfect, they reassured me that they are doing what they are intended to do: save the tooth and get the patient out of pain. I would just like to reiterate that these observations may not be representative of the rest of Delhi or India. Whether this is the standard students are taught in India or if it was the individual practice, I am not sure. Whichever it is, it seems to work for them but arguably falls below the standard of which we are taught in the UK. There are certain things I questioned the clinician on, where I felt comfortable, but not knowing the teaching and standards of care in India, I did not want to cross the line and make the dentist feel like I was undermining their practice.

Challenges and learning

Whilst being a well-established practice and a more developed area of Delhi, it still faced challenges that I take for granted living in the UK. For example, we endured electricity cuts, extreme weather conditions and flooding meaning the dental practice had to close. A memorable time being when I had put cement in a crown, and we had a power cut. I had no choice but to cement the crown whilst using the patient's phone torch as a light! In situations like this, it is unpredictable as to how long you'll be waiting for the power to come back. This meant sitting in stale humid, heat with no fans, no AC, just waiting for the lights to come back. However, this seemed like a common thing to patients here and they were not fazed by it like I was! No doubt I learned to navigate the complexities of a healthcare system different from my own, adapt to new environments and overcome challenges.

Summary

I found this experience incredibly enriching; not only did I learn many clinical tips and tricks from another clinician; I gained an insight as to how dentistry operates in Delhi. I witnessed its efficiency and ability to adapt to the ever-changing technology and practices within the dental world. Conversely, I also saw areas for development, particularly in educating patients on the importance of oral hygiene and the link between paan and oral cancer, but I appreciate these issues are deep rooted and will take building of habits and education from an early age to see significant change. Hopefully, as dentistry in India is progressing, we will see a change in attitude towards oral hygiene in the years to come. I was generally impressed with the dental practice I observed, despite some differences in procedures which was expected. It was very well equipped and of a decent standard, however, it was still mediocre compared to most dental practices here in the UK. This made me appreciate our facilities in the UK more than ever, particularly at Bristol Dental School. I feel ever so fortunate to study at such a well-established institute with modern equipment and technology and just a magnificent building overall. Finally, I am extremely grateful to have had this opportunity and experience, it has reinforced my passion for delivering accessible, quality dental care – no matter where in the world I am.

References

1. Krishnan L, Aarthy CS, Kumar PD. Barriers to access dental care services among adult population: A systematic review. J Global Oral Health 2020;3(1):54-62 doi:10.25259/jgoh_1_2020.

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Hello! My name is Deepa and I am a fifth-year dental student at the University of Bristol. Unlike most dental students, I studied A-Level English Literature and have always had a love for writing and the world of academia. Teaching and education are definitely my passion. For 2 years I voluntarily worked with students with English as a second language; I now work with the University of Bristol as a Widening Participation tutor, encouraging students from less advantaged backgrounds to study health sciences/dentistry. I resonate with these students and understand some of the barriers they face, hence feel joy in giving back. I love to share my enthusiasm and passion for dentistry with the younger generation and hope to do this through the INSPIRE journal too. I'm so grateful to be a part of the INSPIRE scheme, helping to spread fantastic research, educate others and learn a lot myself!