



Public dentistry, which direction? The Italian anomaly and its new perspectives

Daniela Reali¹, Francesca Dinelli¹, Paolo Rolla²

¹*Dipartimento di Patologia Sperimentale, Biotecnologie Mediche, Infettivologia ed Epidemiologia, University of Pisa, Italy;* ²*UO Odontostomatologia, Azienda USL2, Lucca, Italy*

Correspondence to: Francesca Dinelli, Dipartimento di Patologia Sperimentale, Biotecnologie Mediche, Infettivologia ed Epidemiologia, via S. Zeno 35-39, 56127 PISA, Email: f.dinelli@usl2.lucca.it

Italian National Health Service (INHS) provides hospital, district and preventive cares in many medical areas but dental cares are a small part of all treatments provided. It is estimated that it only answers a 5% of need. In Italy dental treatments are predominantly provided by private practitioners: it means little access equity to cares.

Nowadays, just 1,5% of the INHS expense is aimed at public dentistry because most of dental cares are believed "not urgent".

Why oral diseases are not considered so invalidating to have relief in INHS? They should get the same attention of the other pathologies because they worsen the quality of life in term of physical and psychological health.

Need of public dentistry performances has recently increased, as confirmed by larger and larger waiting lists: it has revealed the growing dental need of the weakest part of the Italian society that, because of economic, social, cultural reasons, can hardly afford private cares (private practitioners are now facing a crisis, too).

Dentists' ethical code is not essentially different from physicians' one even if most of the oral pathology is not worrying about patients' life.

"Bioethics in Dentistry" (2005), an issue by the National Bioethics Committee says: "public dentistry is actually absent in helping the weak part of the society. Just consider that in Italy oral cares are not included in Essential Care Levels (ECL) and they are not provided by Local Health Authorities whereas requirements to State exams include minimum tooth number and good oral health, because of the high importance of oral wellness.

Asserting that oral cares are not provided by public dental offices is not correct, although public dental assistance is lacking, little known and the complexity of the provided assistance is underestimated.

Perhaps public dentistry absence perception has its roots in the long-lasting legislative silence in this field: health legislation has not been modified for ten years. The Legislative Decree n.502/92 states: "oral assistance consists in oral health safeguard programs during the growing age and prosthetic and dental assistance to few defined vulnerable categories". Decree n.502/92 was actualized in President of the Council of Ministers' decree, 29 November 2001, titled "ECL definitions", that says: "dental performances are only provided to patients in the categories pointed out in decree n.502/92".

ECL are provided to guarantee organic, global, enduring and consistent assistance to all citizens and to solve patients' complex needs. ECL are dynamical: to suit changing situations, they are periodically update with relation to emerging health needs.

Italian public dentistry anomaly has recently persuaded Public Institutions to change their mind about this neglected medical branch: dentistry is one of the most important part of ECL revised by the "Health Agreement of the State-Regions conference" (October 2006) for the three year period 2007-2009. The Agreement calls for ECL monitoring by new indicators and for an extraordinary review of the ECL effective since 2007 to cut outdated and unfitting performances and to promote the Public Dental Service.