

The Stimulus for this website

Like all dedicated dentists, I have a close relationship with my dental technician and approximately two years ago through conversation with him, became aware of the deteriorating state that his business was now in. Whereas in the past the shelves of his lab would have been chockfull with jobs underway, the shelves were now half empty and two staff had had to be let go. Chatting further, I learnt that the demise of his and other Australian dental tech businesses was entirely due to more than 60% of Australian dentists now choosing to use cheap Asian laboratory work sourced largely from China (Taiwan and Korea are the other major players). I'd like you to reflect on that number 60%! and it is increasing.

Although I was aware of the existence of the Asian option from the many advertisements within the Australian Dental Associations (ADAs) 'News Bulletin' and other dental specific business magazines, I had never ever considered such use because of my own pro 'Australian Made' values and so, never imagined or considered the extent of penetration into the market that the Asian product had achieved. Today, my technician would be lucky to have 50% of the business he once enjoyed.

The Motivation For Dentists to Use Asian Labwork

Dental laboratory work consists of dental crowns, bridges, dentures orthodontic plates and other dental appliances. The dentist will usually take impressions for the necessary appliance and send these impressions to a dental laboratory with a prescription for the dental appliance required.

The prime motivation for dentists to use Asian labwork is to reduce the lab fee without reducing the set fee normally charged to the patient and hence, make more profit – that's it, end of story! For example instead of paying a \$400 lab fee for an Australian made crown, the dentist may be paying as little as \$88 to the intermediary 'importer' (who themselves are paying as little as \$17 for the crown from the Asian lab). Of course the option for dentists to deal directly with the manufacturing Asian lab and pay the lesser fee (plus shipping) is also there!

A more recent development with some importers has been the use of 'reward schemes' for dentists who use their labwork, with participating dentists earning points based on expenditure much the same as the 'Coles' fly buy scheme!

So What's the Problem With Dentists Choosing to use Asian Labwork?

Shhhh it's a secret (Lack of Consent)

The decision by dentists to use Asian labwork is made without awareness or consent of the patient, thereby making the patient an unknowing contributor to the demise of the Australian dental tech industry, with the only benefactor being the dentist making an increased profit and the importers who are making enormous amounts of money. Such non consensual behaviour applies to all manner of dentists, ranging from the humble GP, the specialist prosthodontist, the 'holistic dentist' and the biggest user of Chinese labwork - corporate dentistry. Your place of residence is no guide either, with many practices in exclusive

suburbs across the country, utilising Chinese lab work. When I discuss the non consensual use of Chinese crowns with my own patients they are universally concerned at the situation and all have expressed a strong wish that only an Australian fabricated crown be used. They have also encouraged me to continue to act to expose the situation. Of interest, in South Africa 10 years jail sentences apply to any dentist that uses Asian labwork without consent of the patient.

The Health Risk of Asian Labwork

The 'health' risk arises from the use of a TGA 'loophole' that allows for the importation of Asian dental labwork as a 'custom made medical device', effectively bypassing any requirement for verification of materials as being 'TGA approved' as is required for Australian fabricated dental labwork. Though all the importers big and small will claim ownership of International Quality Standards (ISOs) or TGA approved material status, such claims are misleading as the qualifications displayed are actually those touted by the Asian factory the importers are using, and as explained in the letter by Dr Matthew Athanassiadis attached under 'News', such claims are meaningless.

Quality of Work

Australian dental laboratories staffed by fully qualified dental technicians produce superior quality work than Asian laboratories. Though there has not yet been a documented case of unsafe Asian labwork in Australia (there has been in other countries), there have been many cases of aesthetic deterioration with gold crowns going green/black and ceramics going grey etc, which raises questions on the quality and specification of the material content. The Asian sourced black 'gold' crown shown at the 'Examples of Asian dental work' link, was forwarded to us by a dentist and after an assay was performed, its prime content was found to be copper not gold!

In addition, problems with fit, shade, shape and finish are well recognized in the industry and actually occurred at the University of Queensland's Dental school, leading to cancellation of a supply arrangement with an importer of Chinese lab work. Contacts within the industry also reveal how 'importers' often change their source factory due to ongoing quality problems.

The benefit in having a dentist that utilises an Australian lab

The beneficial process that follows a dentist choosing to use using an Australian lab, is the 'working relationship' that is developed between dentist and technician and which is driven by the best interests of the patient. The technician can play a pivotal role in assisting the treatment planning process and in the more complex cases, the close partnership between the dentist and the technician can be crucial for a successful outcome.

Additionally, the technician plays a quality control role for the dentist be it directly or indirectly. For example, I have known my tech, for nearly 10 years and welcome his critiquing of my work. This ensures that I am always motivated to take an accurate impression/crown prep/ jaw registration whatever the task, so that I can be viewed as a competent dentist. My patients may not be cognisant of the standard of my work but my technician certainly is and I don't want to be seen by him as a dentist with poor skills! Also, because I have personally told my tech that my focus is always on the best outcome for the patient, he has no hesitation whatsoever in picking up the phone to discuss a problem or

imperfection in my work that I missed or overlooked - I strive for perfection and working closely with my dental technician adds a layer of transparent quality control and shared responsibility. Many dentists routinely send their patient to the technician for anterior crown shade selection, so that the patient's crown/s can be precisely customised. Patients become the tech's patients too!

This 'working relationship' which is normal behaviour for an outcomes focussed dental practitioner and which has been the cornerstone for Australia's very high standards of dental care, doesn't transpire with the Asian option.

The Asian lab scenario

Patient impressions are bar coded and shipped overseas and the attending factory workers will produce the best crown/denture etc they can, given their skill base and the quality of the provided impression/crown prep etc. The many workers involved know nothing of the dentist or the patient and everything is anonymous (the factories employ thousands of employees with different individuals being responsible for different stages of production not the job in its entirety as Australian techs are). The majority of the factory workers are not skilled technicians in the sense of the Australian tech but instead factory workers trained to complete a small process in the production line. These factories operate 24/7 and can exceed 5000 employees in number, many of whom are accommodated 'out the back' in dormitories.

You might categorise a percentage of dentists sending work to Asia as practicing 'avoidance' - in that they know they have poor skills and by using a distant out of country technician, are doing their very best to avoid confrontation over their shortcomings. Common outcomes from this 'Chinese lab scenario' are crowns that don't fit well (you may have already experienced this with your dentist having to do considerable adjustment to your crown before they could get the crown to go on the tooth, floss through the contacts or before they could get you to bite without the crown feeling high), overly bulbous crowns and crowns of poor colour/shade. The aesthetic qualities are more readily apparent to the patient ('the colour doesn't look right') but the fitting problems are not always so apparent. Common indications of a poorly fitting crown include continuing sensitivity of the tooth after cementation, feeling a 'gap' between the crown and tooth with your tongue and bleeding inflamed gums around the crown caused by overextended crown margins. Such poorly made crowns can result in tooth loss within a year.

In comparison, the norm for a competent dentist using a good Australian lab, is for crowns to require little if any adjustment at insert, to look and feel natural, to fit perfectly with tight gap-free margins completely imperceptible to the patient's tongue and (particularly with gold crowns) last for decades.

Of interest, on the 9th of April (2013) a dental assistant I know that works in a clinic where Chinese labwork is used, recounted how she listened to a patient expressing their dissatisfaction with the colour and shape of their new crown and the gap they could feel with their tongue. The dentist's response was to 'bog up' the gap with an adhesive filling material and give her \$100 off the cost of the crown. The correct response should have been to remake the crown!!!!!!!!!!!! Working full time in the public sector I have seen many, many defective crowns completed under the now withdrawn Medicare Scheme. All of these defective crowns should never have been cemented in the first place but were cemented because either the dentist lacked the skills to identify the faults or they knowingly cemented the defective

crowns because they didn't want to remake the crowns as that would mean a loss in revenue. Either way it's very sad.

An added concern now, is that an increasing number of Australian dental schools have closed their dental labs, resulting in the undergrads at these schools having minimal exposure to lab work. So we now have a situation where an increasing number of Australian graduating dentists have marginal laboratory skills - skills that are essential for their understanding of production procedures and parameters. If the new graduate is fortunate enough to gain employment with a dentist that uses an Australian lab and be mentored by that dentist and the attending tech, then they will gain those critical skills and understand everyone's roles in the procedures to create the best outcomes. However, if the new graduate is employed by a practice that outsources to Asia, the new graduate will remain a naïvely unskilled clinician, and the patient will receive a lesser standard of care.

Few patients are aware that one of the best ways to identify a skilled clinician is to contact their local lab and ask the tech! There are plenty of, 'he/she's a really lovely dentist' out there with poor clinical skills!! If you want some subtle advice on which dentists are skilled, contact your local lab and ask them who they would recommend in your area! Additionally, you can also go online to Australian Health Practitioner Regulation Agency (ahpra.gov.au) and under 'Top Content' click on 'Registers of Practitioners' and type in the name of a dentist to see the status of their registration. As well as confirming that they are currently registered, the register will also give advice on any reprimands/complaints/conditions that may be in force on that dentist.

The Future Litigation Scenario

In plain speak, dentists are liable for all materials used in/on the patient and so by utilising a 'local' technician who is legally obliged to use materials that the TGA has both approved and classified as medical devices (e.g. porcelain blocks) or with ingredients that the TGA accepts as being safe to use, there is a physical, documented assurance to the dentist that the labwork is safe for use with the patient. With Asian labwork there is no such assurance. The only way to ensure that a product imported into Australia complies with the relevant standards is to have a fully audited process performed by the TGA which stipulates and checks that the correct materials and processes are utilised. The TGA does not currently audit any Asian factory of any sort. And so, the dentist who uses Asian labwork is reliant upon, essentially, the honesty of the Chinese lab to use the appropriate biologically compatible materials. Obviously such dentists view this risk as so low that they feel no need to inform the patient. My belief however, is that in the best interests of the patient, the patient is the one that should be deciding if they want to risk the use of a non TGA audited dental prosthesis, not the dentist!. Additionally, the non consensual use of Asian labs violates any pro Australian manufacturing values that the patient may have. From my own experience, the sort of person that can afford a crown or bridge, does have the expectation that the crown is being made in Australia and wouldn't want an Asian item, even if the true discounted price of the Asian lab was passed on!

I think it is only a matter of time until a patient, who on discovering the deception and risk taken by the dentist, will step up and request no-cost replacement of the Chinese prosthesis they have, and/or seek litigation! Perhaps it will be you?

In December 2011, one of the largest medical indemnity insurers in Australia (Medical Protection Indemnity Society - MIPS) advised its Australian dental members that MIPS dental insurance cover would not apply in respect of claims and incidents relating to the use of any dental products, materials and/or devices not approved by the TGA, which of course includes all labwork sourced from Asia. In coming to this judgement, MIPS considered a number of important areas, two of which were:

- * a likely reduction in the defensibility of claims involving non TGA approved dental products, materials and/or devices, and
- * ensuring that the public is appropriately protected.

Why Haven't We Heard About The 'Asian Connection' Before?

Away from the public eye Dr Athanassiadis, Mr Paul Hade and I, tried in vain to get the Australian Dental Association Queensland Branch (ADAQ) to do the right thing by at least pushing for a requirement that prohibits the use of Asian labwork without prior consent from the patient, however to no avail. Without revealing full details, the negative case on the use of Chinese crowns was gagged within the Queensland profession by the ADAQ Executive of the time and even today many dentists in Queensland are still unaware of the facts.

Interestingly, the ADA continues to advise Australians on the perils of taking an overseas dental holiday, yet sees no problem in hiding the fact that most of Australia's dentists are using similar same labs to those used by the Asian holiday dentists!!

Many of the dentists listed on this site are members of the ADA, and are hopeful that the birth of this site will drive the ADA to reacquire its moral compass and support the establishment of laws that require the consent of the patient before any use of Asian labwork is considered.

Corporate Dentistry

The corporate dentistry model is the zenith of the dental business model whereby the pursuance of dentistry is for the generation of profits for shareholders. Typically, privately owned practices are purchased by the corporate, with a requirement for the seller to remain in the practice for a set period of time (usually 5 years) and to also achieve certain revenue goals. If these revenue goals are not met, the seller is then required to pay the corporate a financial penalty (some of which have been as high as \$100,000). Naturally the 'seller' will turn to every avenue they can to meet the corporate's revenue goals and the use of cheap Asian labwork is a hallmark of corporate dentistry.

In contrast, the prime motivations of dentists that remain loyal to local Australian labs are quality and successful clinical outcomes, not money.

Summary

As dental laboratories across Australia collapse, as families struggle to seek alternative employment and as the expertise and skills built up over a considerable period of time in

Australia are virtually jettisoned overnight, many dentists and a few "importers and distributors" have made fortunes at the expense of the Australian dental technician and the unknowing patient.

You can help bring an end to this situation by choosing to have an Australian fabricated dental prosthesis. Whether it be via one of the clinicians identified on this site or by your directing your present clinician to do so, your choosing of an Australian product is measurably better for you and of course, it's better for Australia.

So, spread the word. This deceptive practice exists only because nobody knows it's happening, so tell your family and friends - once the tipping point of public awareness is reached, I believe the use of Asian lab work will collapse overnight!

I mean honestly, would you continue going to your dentist if you discovered they were using cheap Asian labwork that was costing Australian's jobs when for the same money you could get a superior product, keep Australians employed and have a true assurance that all materials used in the fabrication of your prosthesis were safe?

Dr J. Clark