17 December 2014

Dr John Clark
[redacted]

Dr Chris Bourke
Chair
Standing Committee on Health, Ageing, Community and Social Services

Re: Inquiry into the sourcing and supply of dental prostheses and appliances to Australian dental practitioners from overseas.

Dear Dr Bourke

I have read through the ADA's input to the inquiry and just wanted to make a few comments!

As I have stated before, the ADA's focus is to act first and foremost in the interests of its dentist members and not the patient. The ADA does not want any visibility of this issue to be made to the general population as this scam only exists because patients are unaware. The last thing the ADA wants is to have patients researching why their consent is now required for fitment of their Asian sourced crown or bridge or why their dentist is now telling them where the crown comes from. The inevitable arising of grievances by patients unhappy with having past lab work outsourced without their permission would prove very damaging to the ADA and its members. Hence the ADA's recommendation that nothing change with regards to the existing regulatory process.

I could put forward arguments against pretty much all of the statements put forward by Prof Hewson however, I just don't have the time to do so, you're too busy to read that much detail and so will focus on just two areas! The first concerns his view about the lack of evidence of increased risks as a result of outsourcing of prostheses or "that there is no evidence that there are unforeseen or poor outcomes". This is simply untrue. There is considerable evidence over poor outcomes arising from poorly fitting Asian crownwork, typical negative outcomes being periodontal disease and/or tooth loss as well as poor aesthetics. Attached to this letter are radiographs of a typical Chronic Disease Medicare Scheme patient I saw a couple of years ago involving inferior Asian labwork. Image

1 shows the case as it first presented where I indentified to the patient that the outsourced crowns done (under the medicare scheme) had poor marginal fit. Subsequently, the attending dentist refunded part of the $4000 charged (their lab fee would have been about $160). The teeth were then re crowned by a second dentist who also used Asian labwork and his efforts were little better than the first (Image 2). This dentist refused to redo the crowns. Image 3 which is of a different patient, is displayed for two reasons. Firstly it shows what a well fitted crown should look like (the gold crown on the first molar done by my local tech) and secondly it shows a poorly made and fitted ceramic crown made by a private dentist using an in surgery, crown milling machine. This dentist also refused to rectify the faulty work and there have been many, many other patients I have seen, where faulty Asian sourced crowns have been observed. I had a great horror case in mind to show you, where the dentist crowned all four **unrestored** upper front teeth under the chronic disease scheme "to make the teeth look nicer" (the patient had crowding issues) but I have forgotten the name of the patient! This particular patient is now going to lose all four teeth as the teeth are ring barked with decay due to the horrendous overhangs (the dentist knowingly cemented faulty crowns – I see this all the time). I once had a conversation with a DFAT guy on this subject and he informed me that many Chinese hospitals source their medical consumables and equipment from outside of China because they do not trust the quality of their local manufacturers!!

The second point made by Prof Hewson I wish to respond to, concerns his comment "What we are trying to do is inform the public about making a good decision". This really is laughable. As I have detailed before, within the ADA this subject is a gagged no go area and of course the public has no idea of the scam that has been going on for nearly 30 years. The public to this day has:

a. no awareness that most dentists are now sourcing cut price crowns from Asia,

b. no awareness of the negative outcomes from their non consensual involvement in the scam (loss of jobs as well as poor clinical outcomes described above),

c. no idea that the Asian sourced crowns get into Australia categorized as custom made medical devices and of course,

d. has no awareness of the TGA regulations that apply to custom made medical devices .

I recently contacted the TGA who confirmed that they only hold nine reports for dental prosthesis breakage/failure in their medical device adverse event database, which is insane and indicative that the protective mechanisms are not working. Over the last 30 years their would have been tens of thousands of remakes and failures and probably hundreds of thousands of failures in the mouth due to poor marginal fit – all of which should have been reported, IAW TGA regulations!

I am busy and I know you are too Chris. I close with the reminder that the ADA does not act in the interest of the patient and the profession has no mechanisms in place for routine assessment and monitoring of clinical skills and quality of work, other than local dental tech on whom the good name of Australian dentistry was built.

I urge the committee to set the precedent that is required over this issue, which is to either ban the use of outsourced items that originated from countries that do not have a reciprocal TGA/CE type arrangement in place (which means all of Asia) or at the very least require the clinician to seek

consent from the patient to use an Asian outsourced item, before any clinical work is commenced (like cutting a crown prep). Seeking consent at insert is ludicrous.

Thanks again for allowing me to contribute to this issue.

Yours sincerely

Attachements:

1. Three radiographs