

The Thin Edge of the Wedge – A response from Dr John Clark to Dr Brad Wright’s ‘Overseas Made Prosthetic Items’ Article

Lets not mince words here, the title of the President’s article in the July issue of ADAQ News is understood to be read as ‘Asian Prosthetic Items’. The sourcing of prosthetic items (and materials) from first world nations such as Germany, Sweden and the USA with comparable ethical standards, working conditions and rates of pay to Australia, is not a concern. The concern is with the cheap Chinese or Thai item and is the subject of my response.

While it is true there are no documented cases of ‘unsafe’ material use in Australia, there have been cases of the deterioration of initial aesthetic qualities (gold crowns going green, ceramics going grey etc) which raises questions on the material content of these items. In addition, problems with fit, shade and finish are well recognized in the industry and actually occurred at the dental school whilst Dr Wright was Clinical Operations Manager, leading to cancellation of a supply arrangement with a well recognized Australian importer of Chinese prosthetic items. Interestingly, I know of a group of Qld lab owners who, out of desperation to compete, trialed offering a budget line for their clients by trying some large Chinese & Korean laboratories but quickly abandoned the idea because of totally unacceptable quality. Noting the above, why then would the President suggest that dentists are choosing to use Chinese crowns etc for reasons of good quality and reliability?

Dr Wright’s advice on how to answer patient enquiries on country of origin, is interesting in that it suggests that dentists are or have been placing prostheses without prior knowledge of country of origin or of the material status! Those dentists using other than a local lab where you can go and chat directly about a case and see the models etc, and are paying hugely discounted lab fees, know full well that the origin of manufacture is overseas and are placing their trust in most cases, with a Chinese factory. I would suggest that such dentists will have little defense against irate patients who (on learning of the deception), request no cost replacement of Chinese sourced items with the Australian item they thought they were paying for.

As far as I can ascertain, use of Chinese crowns has indeed been around for a few decades but this does not make it any more acceptable. The motivation to use Chinese labwork almost entirely without patient awareness is to reduce the lab fee and increase profit – that’s it, end of story! True savings are rarely if ever passed onto the patient and to suggest the main reasons are for better quality or reliability is pure spin. I know of one practice that uses Chinese crowns but when questioned where they send their labwork to, they have in the past advised that they send their work to ‘the best lab in Australia based in Sydney’ (the mailing address for the importer) or more recently advised they use the ‘lab next door’ – which is news to that lab owner! Incredibly, one Brisbane based Chinese prosthetic importer has named itself ‘Wee-max’, which is short for ‘we maximize your profit’!! From a straw poll of patients, I have found that the type of person that can afford a crown or bridge is very supportive of Australian manufacturing, highly protective of their rights of consent and extremely wary of anything manufactured in China other than a pair of underpants or a tv! They see the expense of the crown as a long term investment. Without exception, when I discuss the non consensual, full fee use of Chinese crowns with these patients they are appalled at what they hear 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.

Dr Wright’s assertion that there will always be a local dental tech industry is a hollow one. The industry is in crisis and will, like many other past Australian manufacturing sectors, be lost to China unless efforts now being made by the dental technicians are successful.

Now that Dr Athanassiadis has exposed Chinese laboratories and the local clearing houses quality standards as meaningless as viewed by the TGA and Europe, Dr Wright now advises us that 'issues of standards of manufacture are erroneous, because soon all Australian Dental Techs will no longer be registered. On advice from a dental tech Mr Paul Hade (whose letter of response was denied by the ADAQ Executive on the basis of a newly formalized policy to not allow non member letters), registration of Queensland dental technicians does not end on December 31st and the earliest opportunity to consider such a decision would be at the end of the current newly commenced 4 year term of the new Dental Technicians Board. Further, the Dental Technician's representative body the Oral Health Professionals (OHPA) advises that it is confident that Australia wide registration will be a reality in the not too distant future.

In considering quality matters, large corporations that source anything from Asia either set up their own quality control operations in country or randomly sample and check products to confirm quality remains as promised or accredited to. With custom one off prostheses we do not have this option unless we were to always order two items and have one tested to destruction and so a trusting face to face dentist/tech relationship is essential. Interestingly, in South Africa if a dentist wishes to import work from Asia either directly or indirectly via a 'clearing house', he or she has to become a 'manufacturing dentist' compliant with ISO 13485 which for most is not a worthwhile endeavour. If a 'non compliant' dentist subsequently uses for example Chinese lab work and fails to disclose that the work is from China, they are then liable to a fine of approximately \$A133,000 and /or up to 10 years in jail under the Consumer Protection Act!

I am curious as to why Dr Wright advises that direct dealing and contracting with an overseas laboratory should be 'done only with extreme caution'! Why the concern? Why would a 24 hour Chinese manufacturer such as 'Modern Dental Laboratories' of Shenzen behave in a different manner to an individual dentist or practice? There can be no question of differing levels of quality, because at the level of the laboratory floor the only identification to the 3,000+ young workers (who are each paid approximately \$100 per month processing the thousands of orders received every day) as to whether an order comes from an Australian clearing house, Barney Rubble in the USA or John Clark in Brisbane is a tracking bar code! As far as the factory worker is concerned everything is anonymous and everything is produced to the same production line formula of cheap Chinese!

Neither ADAQ or the ADA have any formal policy on Chinese sourced dental prosthetic items yet both bodies do have a policy on overseas (Asian) 'dental' holidays. This policy is to advise patients that they will be receiving treatment in an unregulated location with skills and standards (including material standards) generally viewed as being inferior to those found in Australia. How then, can we now justify our bagging of the dental holiday industry, when 50% of our own dentists send their prosthetic work to Chinese laboratories? Is ADA/ADAQ inaction on the rising tide of Chinese prosthetic items, about to result in an explosion in dental holidays or a challenge to our registration requirements by foreign trained dentists?

A President represents all dentists and has an obligation to represent the views of all members. Noting that Dr Wright's article was worded very much as a guiding ADAQ policy statement, the overall favourable bias of his article and his involvement with the use of Chinese labwork at the Dental School, why then was no disclaimer provided as required by ADAQ Legislation?

As a professional body we have an extremely short window of time to address the situation before OHPA ramp up their campaign and our profession takes some big hits in public confidence. I urge all supportive members reading this response, to communicate to the ADAQ executive, their support for the rapid enactment of legislation that among other things, requires the consent of the patient

before any use of an overseas made (Asian) prosthetic item is considered. It will be a great shame if the driver for such legislation comes from a body other than the ADA, and the ADA and all of its members are held to account by the public as not acting in their best interests.

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