Introduction

There are around 219,000 registered dentists in Brazil and about 100,000 dentists per year. The current rate is 11.5 dentists per inhabitant. This could be considered too high, given the need for more resources for oral health care if there were no problems related to the regional distribution and the lack of access to oral health care. The more developed regions concentrate dental services and fail to assist at all. The human rights and ethical implications for differential access to health services are not only a problem of dentists. Moreover, even when dentists are not always aware of the implications related to the dental market, which is not covered by the official dental system.

Even though dental professionals are highly regulated in Brazil, having 168 accredited dental schools with 5 years of postgraduate study, a national test system, recognizing unlicensed dental practice a crime, and a program of licensed dentists, there are many illegal practitioners struggling for official recognition, claiming that they are useful to society.

Unlicensed Dental Practice

The term ‘unlicensed dentist’ defines the one who illegally practices dental therapy without being registered in the list of licensed dentists. Among the many factors that influence the illegal practice of dentistry are the lack of proper training, the lack of a legal system to regulate the dental profession, and the social and economic conditions in the country. The illegal practice is considered a crime against public health, which can deteriorate the quality of care and compromise the patient’s health.

How does unlicensed dental activity affect dental professionalization?

In spite of having professional monopoly and self-regulation power, legal dentists still need to deal with disputes in three areas: legal system, public opinion, and specialist practices. The matters concerning the legal system are: presentation of bills before Congress regarding official regulation of dental activity, lack of recognition for the experience of illegal practitioners, and their fraudulent activity from official unlicensed dentists. Likewise, the territorial model of dental care, the adequate health education of illegal practitioners, and their lack of access to medical and dental assistance, even being their right before administrative regulations. Workplaces where unlicensed dentists offer lower fees and ‘successful’ dental treatment (at least according to consumers’ perspective).

Results

Unlicensed dentists’ activities 15 unlicensed dentists between 20 to 73 years old were interviewed, only one female. They have been in the activity for over 50 years. They are frequent, lack some knowledge, and are not properly trained. They perform basic dental procedures and offer services to low-income clients. They perform procedures such as fillings, extractions, and simple repairs. They do not follow any formal training and do not possess any qualifications. They are not concerned about the risks and consequences of their practices, and most of them are not aware of the legal implications of their actions. Practically all unlicensed dentists interviewed 13 (out of 15) have been denounced by the council to the competent authorities. However, there has been no action to rectify the process. Every time that they are denounced, they renew their license and continue their practices. Finally, they consider themselves useful to society.

Conclusion

Many historical and social factors can explain unlicensed dental activity. (...)

Contextual factors are: (1) the history taken place in Brazil unlicensed dentists were allowed to have activity in the health care sector (1911 and 1933), based on the length of time the active had been exercised; (2) the significant dental market not covered by public/private practice due to the poor population who can’t afford private licensed dental fees and don’t have access to dental public services; (3) the opportunity unlicensed dentists have to be economically autonomous and make a living; (4) the lack of job regularity that can collaborate with their level of economic struggle; (5) the lack of access to dental schools, public or private; (6) the current social perception and credibility they have in the communities, showing the social importance of the professional activity.

Based on the collected data, we have verified that the dental professionals were the first to demand the legislation of the three areas of professional jurisdiction. The work area where the unlicensed dentists offer their services a segment of the dental market, the public opinion area, in which the population uses and recognizes the services being delivered by the unlicensed practitioners, and the legal system area, in which professionals have presented a legislative program systematizing, bills claiming recognition and legalization of the profession.

It can be concluded that the professionalization can be incomplete and unsuccessful in a situation where most people are deprived of their basic rights, at least concerning health-related areas. It can also be concluded that the dispute between licensed and unlicensed dentists should not be solved neither through control nor enforcement, nor through the empowerment of professional councils through the state capacity to provide public dental health care to the low-income population. Legislation that regulates the activity of unlicensed dentists in Brazil cannot be accepted without a long training period for all of them. It is essential that all dental activities should be performed by dental professionals.

Bibliography